The Quechan Indian Tribe encourages anyone interested in pursuing a vocational training to complete the application process through the Quechan Education Department.

**HIGHER EDUCATION RECERTIFICATION**

**SCHOLARSHIP APPLICATION**

**Application Deadline: June 1\textsuperscript{st} (Fall) / November 1\textsuperscript{st} (Spring)**

The entire process takes approximately 45-60 days to complete.

IT’S THAT TIME OF THE YEAR FOR YOU TO RECERTIFY AS A PARTICIPANT! AS YOU ARE ABOUT TO READ AND FILL OUT THIS APPLICATION A QUESTION BEFORE YOU BEGIN; HAVE YOU ALREADY COMPLETED THE FOLLOWING STEPS:

1. **APPLIED FOR FAFSA** (FREE APPLICATION FOR FEDERAL STUDENT AID)
2. **REQUEST OFFICIAL TRANSCRIPTS**

PLEASE READ THOROUGHLY AND FILL OUT THE NECESSARY INFORMATION, PAY EXTRA ATTENTION TO THE CHECKLIST ON PAGE 1.

AND REMEMBER AS A PARTICIPATING STUDENT:

IT IS YOUR RESPONSIBILITY TO TURN IN ALL DOCUMENTS REQUIRED. ALL DOCUMENTS **MUST** BE TURNED IN ON THE SPECIFIED DEADLINE DATE. **NO EXCEPTIONS!**

YOU ARE RESPONSIBLE TO MAINTAIN CONTACT WITH THE DEPARTMENT; THE VOCATIONAL TRAINING/VOCATIONAL TRAINING DEPARTMENT WILL NOT ENTERTAIN CALLS FROM OTHER PARTIES. THE DEPARTMENT WILL NOT RELEASE ANY INFORMATION OR ANSWER GENERAL QUESTIONS REGARDING YOUR APPLICATION OR FILE.

YOU UNDERSTAND A COMPLETE APPLICATION DOES NOT GUARANTEE FUNDING.

**NOTICE:**
APPLICATION INTAKE PROCESS TAKES 3 TO 5 DAYS; YOU WILL THEN BE NOTIFIED OF YOUR APPLICATION STATUS.

SCHOLARSHIPS ARE AWARDED ON THE AVAILABILITY OF PROGRAM FUNDS.

**AN INCOMPLETE APPLICATION OR LATE APPLICATION VOIDS APPEAL PROCESS.**
QUECHAN TRIBE HIGHER EDUCATION RECERTIFICATION SCHOLARSHIP APPLICATION

Applicant Name: ___________________________________________ Date: ______________________

HIGHER EDUCATION RECERTIFICATION APPLICATION CHECKLIST

YOUR COMPLETE RECERTIFICATION EDUCATION PACKET MUST CONSIST OF:

1. COMPLETE QUECHAN TRIBE HIGHER EDUCATION SCHOLARSHIP APPLICATION.
2. VERIFICATION OF FULL TIME STATUS BY YOUR SCHOOL: (BOTH ARE REQUIRED)
   - COURSE PLAN OR COURSE OUTLINE REQUIRED BY (COUNCILER OR ADVISOR).
   - CLASS SCHEDULE FOR THE APPLYING SEMESTER.
3. OFFICIAL SEALED TRANSCRIPT (FROM LAST SEMESTER ATTENDED)
4. DORM COST AND SELECTED MEAL PLAN (OR) IF PREVIOUS LEASE APPROVAL MUST PROVIDE LEASE
   - MONTHLY PROGRESS REPORT (DUE BEFORE 25TH OF EACH MONTH) (APPLICABLE FOR
     NOVEMBER 1ST DEADLINE DATE ONLY)
5. PROOF OF FAFSA (S.A.R.) SUBMISSION “STUDENT AID REPORT”.

I ______________________________, ACKNOWLEDGE THAT I HAVE SUBMITTED AN APPLICATION TO THE HIGHER EDUCATION DEPARTMENT. IF THERE ARE ANY DOCUMENTS MISSING FROM THE CHECKLIST ABOVE, I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO PROVIDE ALL DOCUMENTS BY THE SPECIFIED DEADLINE DATE. I AM AWARE THAT IF MY APPLICATION IS INCOMPLETE IT WILL NOT BE FORWARDED ON TO THE HIGHER EDUCATION BOARD FOR THEIR REVIEW AND CONSIDERATION; I MAY REAPPLY WITH A NEW APPLICATION FOR THE FOLLOWING DEADLINE DATE. I FURTHER UNDERSTAND THAT BY SUBMITTING A COMPLETE APPLICATION I AM NOT GUARANTEED A TRIBAL SCHOLARSHIP

_________________________________________  __________________________
APPLICANT SIGNATURE      DATE
<table>
<thead>
<tr>
<th><strong>PERSONAL INFORMATION</strong></th>
<th></th>
<th><strong>DATE:</strong></th>
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<tr>
<td><strong>LAST NAME:</strong></td>
<td><strong>FIRST:</strong></td>
<td><strong>M.I.:</strong></td>
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<tr>
<td>PHYSICAL ADDRESS:</td>
<td>CITY:</td>
<td>STATE:</td>
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<tr>
<td>MAILING ADDRESS:</td>
<td>CITY:</td>
<td>STATE:</td>
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<td>TRIBAL AFFILIATION:</td>
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<tr>
<td>ENROLLMENT NUMBER:</td>
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<td><strong>HOME PHONE:</strong></td>
<td><strong>BUSINESS PHONE:</strong></td>
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<tr>
<td>SOCIAL SECURITY NO.:</td>
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<tr>
<td>DATE OF BIRTH:</td>
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<td>EMAIL ADDRESS:</td>
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<tr>
<th><strong>GENERAL SCHOOL INFORMATION</strong></th>
<th></th>
<th><strong>TOTAL CREDITS PROGRAM REQUIRES:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COURSE OF STUDY:</strong></td>
<td><strong>APPLICATION REQUEST YEAR:</strong></td>
<td><strong>TERM:</strong> (FALL, WINTER, SPRING, SUMMER)</td>
</tr>
<tr>
<td>SCHOOL STATUS:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(FRESHMAN, SOPHOMORE, JUNIOR, SENIOR, ...)</td>
<td></td>
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</tr>
<tr>
<td>CREDITS COMPLETED:</td>
<td>TOTAL CREDITS</td>
<td></td>
</tr>
<tr>
<td>CURRENT GPA:</td>
<td>EXPECTED GRADUATION DATE:</td>
<td></td>
</tr>
<tr>
<td>EXPECTED DEGREE:</td>
<td>ADVISORS NAME?</td>
<td></td>
</tr>
<tr>
<td>ARE YOU ON TRACK TO GRADUATE ON YOUR ORIGINAL LISTED GRADUATION DATE? IF NO, PLEASE EXPLAIN WHY IN THE BOX BELOW. (CONTACT THE DEPARTMENT IF YOU ARE UNSURE OF ORIGINAL LISTED DATE)</td>
<td>HAVE YOU MET WITH YOUR ADVISOR? IF YES, WHEN? IF NO, WHY NOT?</td>
<td></td>
</tr>
<tr>
<td>EXPLANATION:</td>
<td></td>
<td></td>
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<tr>
<td>NAME OF INSTITUTION:</td>
<td>SCHOOLS PHONE#:</td>
<td></td>
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<td>SIGNATURE:</td>
<td>DATE:</td>
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### QUECHAN TRIBE HIGHER EDUCATION RECERTIFICATION SCHOLARSHIP APPLICATION

**PART I TO BE COMPLETED BY THE STUDENT:**

<table>
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<tr>
<th>LAST NAME:</th>
<th>FIRST:</th>
<th>M.I.:</th>
<th>DATE:</th>
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<tr>
<td>PHYSICAL ADDRESS:</td>
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<td>ZIP:</td>
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<td>MAILING ADDRESS:</td>
<td>CITY:</td>
<td>STATE:</td>
<td>ZIP:</td>
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<tr>
<td>MARITAL STATUS:</td>
<td>NUMBER OF DEPENDENTS:</td>
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<tr>
<td>EXPECTED COMPLETION DATE:</td>
<td>EXPECTED DEGREE:</td>
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<td>SIGNATURE:</td>
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**PART II TO BE COMPLETED BY FINANCIAL AID OFFICER:**

<table>
<thead>
<tr>
<th>Period Covered:</th>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
<th>Summer</th>
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</thead>
<tbody>
<tr>
<td>Student Status:</td>
<td>Dependent</td>
<td>Independent</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EXPENSES:**

- Tuition: $________
- Required Fees: $________
- Books: $________
- Dorm Cost: $________
- Meal Plan: $________
- (Specify) Other: $________

**Total Expenses:** $________

**RESOURCES:**

- Parent: $________
- Student: $________
- Spouse: $________
- Veteran: $________
- Social Security: $________
- Welfare/TANF: $________
- Indian Scholarship: $________

**Total Resources:** $________

Financial Aid Officer (Print): __________________________ Email Address: __________________________

Name of Institution: __________________________

Address: __________________________

Phone: __________________________ Fax: __________________________

F.A.O Signature: __________________________ Date: __________________________
### QUECHAN TRIBE HIGHER EDUCATION RECERTIFICATION SCHOLARSHIP APPLICATION

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<thead>
<tr>
<th>LAST NAME:</th>
<th>FIRST:</th>
<th>M.I.:</th>
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<th>CITY:</th>
<th>STATE:</th>
<th>ZIP:</th>
<th>PHONE #:</th>
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<tr>
<th>TRIBAL ENROLLMENT NUMBER:</th>
<th>MESSAGE #:</th>
</tr>
</thead>
</table>

ARE THERE ANY ISSUES/BARRIERS YOU WOULD LIKE TO RELAY TO THE DEPARTMENT OR EDUCATION BOARD? GRADES, ATTENDANCE, REPEAT COURSES, COURSES NOT ON COURSE OUTLINE, ETC, ETC...

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QUECHAN TRIBE HIGHER EDUCATION RECERTIFICATION SCHOLARSHIP APPLICATION

RELEASE OF INFORMATION

SOCIAL SECURITY #: __________________________ DATE OF BIRTH: ____________________

I, __________________________________________ AUTHORIZE THE QUECHAN INDIAN TRIBE HIGHER EDUCATION/ VOCATIONAL TRAINING DEPARTMENT TO RELEASE ALL RECORDS REGARDING MY TRIBAL SCHOLARSHIP OR ANY OTHER DOCUMENTS RELATING TO MY EDUCATIONAL PACKAGE TO:

_________________________________________________
(NAME OF INSTITUTION)

____________________________________               ____________________________
SIGNATURE                                                                                      DATE

I, ______________________________________     AUTHORIZE __________________________________
(NAME OF INSTITUTION)

TO RELEASE ALL RECORDS REGARDING MY FINANCIAL AID PACKAGE, ACADEMIC PROGRESS AND ATTENDANCE RECORDS TO THE QUECHAN INDIAN TRIBE VOCATIONAL TRAINING DEPARTMENT.

__________________________________________     _____________________________________
SIGNATURE     DATE
QUECHAN TRIBE HIGHER EDUCATION RECERTIFICATION SCHOLARSHIP APPLICATION

PRIVACY AND PAPERWORK REDUCTION ACT

THIS INFORMATION IS PROVIDED PURSUANT TO PUBLIC LAW 93-579 (PRIVACY ACT OF 1974), DECEMBER 31, 1974. ALTHOUGH FURNISHING PERSONAL INFORMATION TO THIS OFFICE IS VOLUNTARY, FAILURE TO SUPPLY COMPLETE AND ACCURATE INFORMATION MAY PRECLUDE THE APPLICANT FROM ELIGIBILITY FOR ASSISTANCE UNDER THIS PROGRAM.

THIS INFORMATION IS BEING COLLECTED TO DETERMINE ELIGIBILITY OF INDIVIDUAL APPLYING FOR SERVICES. SOME INFORMATION WILL BE USED TO PRODUCE STATISTICAL RECORDS REQUIRED OF THE OFFICE OF INDIAN EDUCATION PROGRAMS; HOWEVER, DIRECT ASSOCIATION OF NAME INFORMATION WILL BE HELD IN CONFIDENCE.

I, _________________________________ HEREBY CERTIFY THAT THE ABOVE INFORMATION ON THE SCHOLARSHIP APPLICATION FORMS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I CONSENT TO THE RELEASE OF THIS INFORMATION TO NECESSARY AGENCIES TO COMPLETE THE APPLICATION PROCESS. I REQUEST THAT THE SCHOLARSHIP, IF AWARDED, BE MAILED TO THE FINANCIAL AID OFFICE AT THE INSTITUTION. I WILL PROVIDE A COPY OF GRADES/TRANSCRIPT TO THE QUECHAN EDUCATION OFFICE AT THE END OF EACH TERM.

________________________________________                                  __________________________
STUDENT SIGNATURE               DATE
QUECHAN TRIBE HIGHER EDUCATION RECERTIFICATION SCHOLARSHIP APPLICATION

ELIGIBILITY DETERMINATION

A QUECHAN TRIBE HIGHER EDUCATION SCHOLARSHIP MEETS ONLY A PORTION OF TOTAL EDUCATIONAL COSTS, WHICH ARE BASED ON A NATIONAL ASSESSMENT. TRIBAL APPLICANTS ARE TO APPLY FOR THE FOLLOWING AND PROVIDE VERIFICATION OF APPLICATION:

- PELL GRANT
- ACADEMIC & ACTIVITY SCHOLARSHIPS
- SUPPLEMENTAL EDUCATION OPPORTUNITY GRANT
- LOAN PROGRAM (IF NEEDED)
- COLLEGE WORK STUDY PROGRAM
- NATIVE AMERICAN WAIVER

THE QUECHAN TRIBE EDUCATION BOARD REVIEWS THE APPLICATION AND MAKES A RECOMMENDATION TO THE QUECHAN TRIBAL COUNCIL WHICH HAS THE FINAL DECISION FOR SCHOLARSHIP AWARDS.

THE APPLICANT IS RESPONSIBLE FOR SUPPLYING FINANCIAL, ACADEMIC AND PERSONAL INFORMATION. QUESTIONS CAN BE REFERRED TO THE INSTITUTE’S FINANCIAL AID OFFICER OR THE QUECHAN EDUCATION DIRECTOR.

RECIPIENTS OF THE QUECHAN HIGHER EDUCATION SCHOLARSHIP WILL:

1. BE A FULL-TIME STUDENT AT AN ELIGIBLE INSTITUTION (12 OR MORE CREDITS)
2. MAINTAIN A SATISFACTORY GRADE POINT OF 2.0 OR ABOVE (“C” AVERAGE).
3. ATTEND SCHOOL ON A REGULAR BASIS WITH MINIMAL ABSENCES.
4. INFORM THE INSTITUTE’S FINANCIAL AID OFFICER AND THE QUECHAN EDUCATION DIRECTOR IF ANY CIRCUMSTANCES CHANGE.
5. MAIL REPORTS/GRADES TO THE QUECHAN EDUCATION OFFICE AT THE END OF THE SEMESTER. FAILURE TO SUBMIT GRADES MAY DELAY FUNDS FOR THE FOLLOWING SEMESTER OR MAY BECOME INELIGIBLE FOR FUNDING.
6. PROVIDE A COPY OF OTHER SCHOLARSHIP GRANT RESULTS, I.E., PELL, SEOG GRANT, AND CONTEST SCHOLARSHIPS.

I HAVE READ AND WILL COMPLY WITH THE INFORMATION REQUESTED, IF I HAVE ANY QUESTIONS OR CONCERNS I WILL DIRECT THEM TO THE HIGHER EDUCATION/VOCATIONAL TRAINING DEPARTMENT. I UNDERSTAND THAT THE APPLICATION PROCESS IS MY RESPONSIBILITY TO SEE THROUGH FROM START TO POTENTIAL APPROVAL. I WILL NOT HOLD ANYONE BUT MYSELF RESPONSIBLE IF THERE IS A LACK OF COMMUNICATION ON MY PART. IF MY APPLICATION IS INCOMPLETE OR RECEIVED AFTER THE DEADLINE DATE I UNDERSTAND THAT I DO NOT HAVE A RIGHT TO APPEAL TO THE QUECHAN TRIBAL COUNCIL AS IT WAS MY RESPONSIBILITY TO GET THE COMPLETE APPLICATION PACKET TO THE DEPARTMENT BY THE SPECIFIED DATE.

______________________________________________________  ________________________________
SIGNATURE         DATE

ALL RECORDS SUBMITTED REMAIN CONFIDENTIAL/ PLEASE RETURN BACK TO THE QUECHAN EDUCATION OFFICE.