



QUECHAN INDIAN TRIBE
Higher Education /Vocational Training Department
P.O. Box 1899 Yuma, AZ 85366
PHONE: (760) 572-5268 FAX: (760)572-3069

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 1st (Fall) / November 1st (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.



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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 (COUNSOLER 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

QUECHAN TRIBE HIGHER EDUCATION RECERTIFICATION SCHOLARSHIP APPLICATION



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PLEASE COMPLETE THE REQUESTED INFORMATION FOR THE QUECHAN EDUCATION DEPARTMENT ASSESSMENT.

P E R S O N A L I N F O	LAST NAME: _____			FIRST: _____			M.I.: _____			DATE: _____		
	PHYSICAL ADDRESS: _____			CITY: _____			STATE: _____			ZIP: _____		
	MAILING ADDRESS: _____			CITY: _____			STATE: _____			ZIP: _____		
	TRIBAL AFFILIATION: _____									SOCIAL SECURITY NO.: _____		
	ENROLLMENT NUMBER: _____									DATE OF BIRTH: _____		
										EMAIL ADDRESS: _____		

G E N E R A L S C H O O L I N F O R M A T I O N	COURSE OF STUDY: _____			APPLICATION REQUEST YEAR: _____			TERM: (FALL, WINTER, SPRING, SUMMER)		
	SCHOOL STATUS: (FRESHMAN, SOPHOMORE, JUNIOR, SENIOR, ...)								
	CREDITS COMPLETED: _____				TOTAL CREDITS PROGRAM REQUIRES: _____				
	CURRENT GPA: _____				EXPECTED GRADUATION DATE: _____				
	EXPECTED DEGREE: _____				ADVISORS NAME? _____				
	ARE YOU ON TRACK TO GRADUATE ON YOUR ORIGINAL LISTED GRADUATION DATE? IF NO, PLEASE EXPLAIN WHY IN THE BOX BELOW. <small>(CONTACT THE DEPARTMENT IF YOU ARE UNSURE OF ORIGINAL LISTED DATE)</small>				HAVE YOU MET WITH YOUR ADVISOR? IF YES, WHEN? IF NO, WHY NOT?				
	EXPLANATION: _____								
	NAME OF INSTITUTION: _____						SCHOOLS PHONE#: _____		
	SIGNATURE: _____				DATE: _____				



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QUECHAN TRIBE HIGHER EDUCATION RECERTIFICATION SCHOLARSHIP APPLICATION

PART I TO BE COMPLETED BY THE STUDENT:

FINANCIAL NEED ANALYSIS	LAST NAME: _____ FIRST: _____ M.I.: _____			DATE: _____	
	PHYSICAL ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____			HOME PHONE: _____ CELL PHONE: _____	
	MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____			SOCIAL SECURITY NO.: _____	
	MARITAL STATUS: _____			NUMBER OF DEPENDENTS: _____	
	EXPECTED COMPLETION DATE: _____			EXPECTED DEGREE: _____	
	SIGNATURE: _____				

PART II TO BE COMPLETED BY FINANCIAL AID OFFICER:

Period Covered: _____ to _____ Fall Winter Spring Summer

Student Status: Dependent Independent

<p>EXPENSES:</p> <p>Tuition: \$ _____</p> <p>Required Fees: \$ _____</p> <p>Books: \$ _____</p> <p>Dorm Cost: \$ _____</p> <p>Meal Plan: \$ _____</p> <p>(Specify) Other: \$ _____</p> <p>Total Expenses: \$ _____</p>	<p>RESOURCES:</p> <table style="width:100%;"> <tr> <td>Parent: \$ _____</td> <td>Pell Grant: \$ _____</td> </tr> <tr> <td>Student: \$ _____</td> <td>SEOG: \$ _____</td> </tr> <tr> <td>Spouse: \$ _____</td> <td>Perkins: \$ _____</td> </tr> <tr> <td>Veteran: \$ _____</td> <td>Stafford (sub): \$ _____</td> </tr> <tr> <td>Social Security: \$ _____</td> <td>(UNSUB): \$ _____</td> </tr> <tr> <td>Welfare/TANF: \$ _____</td> <td>Scholarship: \$ _____</td> </tr> <tr> <td>Indian Scholarship: \$ _____</td> <td>Other: \$ _____</td> </tr> </table> <p align="right">Total Resources: \$ _____</p>	Parent: \$ _____	Pell Grant: \$ _____	Student: \$ _____	SEOG: \$ _____	Spouse: \$ _____	Perkins: \$ _____	Veteran: \$ _____	Stafford (sub): \$ _____	Social Security: \$ _____	(UNSUB): \$ _____	Welfare/TANF: \$ _____	Scholarship: \$ _____	Indian Scholarship: \$ _____	Other: \$ _____
Parent: \$ _____	Pell Grant: \$ _____														
Student: \$ _____	SEOG: \$ _____														
Spouse: \$ _____	Perkins: \$ _____														
Veteran: \$ _____	Stafford (sub): \$ _____														
Social Security: \$ _____	(UNSUB): \$ _____														
Welfare/TANF: \$ _____	Scholarship: \$ _____														
Indian Scholarship: \$ _____	Other: \$ _____														

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

Name of Institution: _____

Address: _____

Phone: _____ Fax: _____

F.A.O Signature: _____ Date: _____



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QUECHAN TRIBE HIGHER EDUCATION RECERTIFICATION SCHOLARSHIP APPLICATION

RELEASE OF INFORMATION

SOCIAL SECURITY #: _____	DATE OF BIRTH: _____
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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



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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



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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.