



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.

VOCATIONAL TRAINING RECERTIFICATION SCHOLARSHIP APPLICATION

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. DEADLINE DATE: _____
2. APPLIED FOR FAFSA (FREE APPLICATION FOR FEDERAL STUDENT AID)
3. 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 VOCATIONAL TRAINING RECERTIFICATION SCHOLARSHIP APPLICATION

Applicant Name: _____ **Date:** _____

VOCATIONAL TRAINING RECERTIFICATION APPLICATION CHECKLIST

YOUR COMPLETE RECERTIFICATION EDUCATION PACKET MUST CONSIST OF:

- 1. COMPLETE QUECHAN TRIBE VOCATIONAL TRAINING SCHOLARSHIP APPLICATION.
- 2. VERIFICATION OF FULL TIME STATUS BY YOUR SCHOOL:
 - 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. PREVIOUS LEASE APPROVAL MUST PROVIDE UPDATED LEASE, **(AND)** LEASE ON FILE WILL NOT BE USED.
 - **MONTHLY** PROGRESS REPORT (DUE BEFORE 25TH OF EACH MONTH)
- 5. PROOF OF FAFSA (**S.A.R.**) SUBMISSION "STUDENT AID REPORT".

I _____, acknowledge that I have submitted an application to the vocational training 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 vocational training 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



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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: _____	HOME PHONE: _____ () ()
	MAILING ADDRESS: _____		CITY: _____	STATE: _____	ZIP: _____	BUSINESS PHONE: _____ () ()
	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	APPLICATION REQUEST YEAR: _____			TERM: (FALL, WINTER, SPRING, SUMMER)		
	SCHOOL STATUS: (CERTIFICATE/DIPLOMA RECIPIENT, FRESHMAN, SOPHOMORE, JUNIOR, ETC...)			MARITAL STATUS: _____		
	CREDITS COMPLETED: _____			TOTAL CREDITS PROGRAM REQUIRES: _____		
	CURRENT GPA: _____			DAYS ABSENT FROM SCHOOL: _____		
	COURSE OF STUDY: _____		EXPECTED DEGREE: _____	EXPECTED GRADUATION DATE: _____		
	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)			ADVISORS NAME? _____		
				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 VOCATIONAL TRAINING 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 Remainder of program left to complete? _____

EXPENSES: Tuition: \$ _____ Required Fees: \$ _____ Books: \$ _____ Dorm Cost: \$ _____ Meal Plan: \$ _____ (Specify) Other: \$ _____ Total Expenses: \$ _____	RESOURCES: <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> <tr> <td colspan="2" style="text-align: right;">Total Resources: \$ _____</td> </tr> </table>	Parent: \$ _____	Pell Grant: \$ _____	Student: \$ _____	SEOG: \$ _____	Spouse: \$ _____	Perkins: \$ _____	Veteran: \$ _____	Stafford (SUB): \$ _____	Social Security: \$ _____	(UNSUB): \$ _____	Welfare/TANF: \$ _____	Scholarship: \$ _____	Indian Scholarship: \$ _____	Other: \$ _____	Total Resources: \$ _____	
Parent: \$ _____	Pell Grant: \$ _____																
Student: \$ _____	SEOG: \$ _____																
Spouse: \$ _____	Perkins: \$ _____																
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Social Security: \$ _____	(UNSUB): \$ _____																
Welfare/TANF: \$ _____	Scholarship: \$ _____																
Indian Scholarship: \$ _____	Other: \$ _____																
Total Resources: \$ _____																	

Financial Aid Officer (Print): _____ Email Address: _____
 Name of Institution: _____
 Address: _____
 Phone: _____ Fax: _____
 F.A.O Signature: _____ Date: _____



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S T U D E N T I N F O R M A T I O N	LAST NAME:	FIRST:	M.I.:	DATE:
	PHYSICAL ADDRESS:			SOCIAL SECURITY #:
	CITY:	STATE:	ZIP:	PHONE #:
	TRIBAL ENROLLMENT NUMBER:			MESSAGE #:
	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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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

PRESS RELEASE TO NEWSPAPER/NEWSLETTER

I CONSENT TO HAVING MY NAME PUBLISHED IN THE QUECHAN NEWSLETTER FOR ANY EDUCATIONAL ACCOMPLISHMENT ACHIEVED.

SIGNATURE DATE



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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

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ELIGIBILITY DETERMINATION & Acknowledgement

A QUECHAN TRIBE VOCATIONAL TRAINING 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 VOCATIONAL TRAINING SCHOLARSHIP WILL:

1. BE A FULL-TIME STUDENT AT AN ELIGIBLE INSTITUTION (MUST PROVIDE DOCUMENT INFORMING OF HOW MANY CREDITS IS FULL TIME.)
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

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