

Sky People Higher Education Northern Arapaho Tribal Scholarship Program

First Middle Last Maiden Name D.O.B.

Permanent Address City State Zip

Address at College

Social Security # _____ **Enrollment #** _____

(_____) _____

Telephone Number E-Mail Address

Name of High School / GED was obtained: _____ **Year** _____

Circle One: **Marital Status:** S M D W **Sex:** M F

Name of Spouse: _____ **Number of Dependents:** _____

What is your career goal/major at college? _____

Date of Enrollment: (circle one) Fall Winter Spring Summer Academic Year (Fall& Spring)

Academic Year: 2 _____ & 2 _____ **Expected Degree** _____

Name and address of College or University: _____

_____ **Phone Number:** (_____) _____

Class standing: (circle one) Freshman Sophomore Junior Senior Graduate

Received Tribal Funding Before? Yes No **Semester of Tribal Funding** _____

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I agree to attend the school named, to work toward the educational objective stated and to carry and complete at least 12 semester hours or the equivalent each term. If I withdraw from school before the school term is over, without the approval of the Northern Arapaho Business Council, I agree to repay to the Northern Arapaho Tribe the entire amount of the scholarship award. Said amount becomes immediately due and payable to the Tribe on the date I withdraw from school. I authorize the Business Council to deduct part or all of my percapita. If any, in amounts the Council deems reasonable until the scholarship award has been repaid in full. I request that my scholarship funds be mailed to the Financial Aid Office or Business Office in care of me.

Signature of Applicant _____ Date _____