

PART-TIME STUDENT PROGRAM

Northern Arapaho Tribal Scholarship

Policy is based on reimbursement of courses (up to six hours) taken by the applicant. Students will not be reimbursed if tuition, fees and books were by by a Federal or Tribal program.

First Middle Last Maiden Name Date of Birth

Permanent Mailing Address City State Zip Code

PH: _____ E-mail _____

Social Security # _____ Enrollment # _____

Expected Degree/Certificate Date _____ Major _____

Semester of reimbursement? (Fall Winter Spring Summer) Year 20 _____

Name and address of College or University _____

Student is to provide book receipts, registration bill, official transcript, certificate of Indian Blood and signed Privacy Act.

Below information is completed by the Sky People Finance Officer

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Course No.	Credit Hrs.	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
BOOKS	_____	_____
	TOTAL	_____

Signature of Applicant _____ Date _____

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This application has been reviewed by the Sky People Board and approved at the meeting on _____ and the application has been (approved / disapproved) for disbursement. Amount \$ _____

Sky People Finance _____ Date _____

STATEMENT OF PRIVACY

The Privacy Act of 1974 requires each Federal Agency that maintains a system of information on individual to inform those individuals as to:

- A. The authority (whether granted by statute, or by executive order of the President) authorizes the solicitation of the information and whether disclosure of such information is mandatory or voluntary.
- B. The principle purpose or purposes for which the information is intended to be used.
- C. The routine uses which may be made of the information as published pursuant to paragraph (4) (D) of this subsection; and
- D. The effects on him, if any, of not providing all or any part of the requested information.

The Sky People for Higher Education Assistance Program operates under the general authority of 24 USC Chapter 13, 42 Stat. 208 P.L. 67-85 with specific legislation contained in the 256 USC, Subchapter E, Part 32, Administration of Educational Loans, Grants and other assistance for higher education. In accordance with the accountability required for the administration of the funds appropriated for the program and in order to provide services for recipients, and to declare eligibility, certain information is required of applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request. The applicant should understand that the intent of collecting and maintaining this data on individuals is for determining eligibility of the applicant and to provide the means for producing certain statistical records required of this office. Failure on the part of the application to provide the requested information will preclude the applicant from eligibility in obtaining higher education assistance under this program.

I have read this statement on privacy listed with the application form. I hereby, provide the required information and authorize to extent of the uses specified in the statement.

Witness

Student

Address

Date