

**SKY PEOPLE HIGHER EDUCATION
NORTHERN ARAPAHO TRIBE**

HIGHER EDUCATION GRANT APPLICATION

All information requested is voluntary. Failure to fully complete all applicable parts may result in processing delays of this application or make it impossible to process at all.

Name _____ Social Security No. _____
Last First Middle Maiden

Enrollment No. _____ Email Address _____

Mailing Address _____ Ph. _____

Address at School _____

Date of Birth _____ Sex: F M Marital Status: S M D W

Home Agency & Address _____

Tribal Affiliation _____

Type of High School: (circle one) BIA Tribal Private Public GED

Location of High School/GED Center _____ Graduation/GED Date _____

APPLICATION REQUEST for 2 _____ & 2 _____

(circle one) Academic Year (fall & spring) Fall Winter Spring Summer

College Major Area of Study _____ Expected Degree _____

Yr. in College (circle one) Freshman Sophomore Junior Senior Received BIA funding before? Yes No
Semester of BIA Funding _____

STATEMENT OF EDUCATION PURPOSE: I declare that I will use any funds I receive under the Sky People Higher Education Grant Program solely for expenses connected with attendance at _____

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 per capita payments in amounts the Business Council deems reasonable until the scholarship award has been repaid in full.

Signature of Applicant _____ Date _____

I hereby certify that the above information of this form is true and correct to the best of my knowledge and consent to the release of this information to the necessary agencies to complete my financial aid package. I request that any Higher Education grant awarded me be mailed to me in care of the financial aid office of the institution. I will provide a copy of my grades/transcript to the Sky People Higher Education Office at the end of each academic term.

Signature of Applicant _____ Date _____