



**CONTINUING STUDENT
HIGHER EDUCATION & ADULT VOCATIONAL TRAINING CHECKLIST**



NEWE-NUMA RESOURCE PROGRAM
Shoshone-Paiute Tribes of the Duck Valley Indian Reservation
PO Box 219, Owyhee, NV 89832
Ph#: 208/759-3100, x-1232 Fax#: 775/757-2910 Email: spthighereducation@shopai.org

CONTINUING STUDENT CHECKLIST

Below is a list of the items that must be submitted along with your completed application:

- Complete Shoshone-Paiute Tribes Higher Education Application ([page 1](#))
- Payback Agreement Form ([page 2](#))
- Acknowledgement & Receipt of Policy Form
Please read and have an understanding of the SPT-NNRP Higher Education / Adult Vocational Training Policy and Procedures ([page 3](#))
- Release of Information Form ([page 4](#))
- Financial Needs Analysis ([page 5](#))
- Copy of current Student Aid Report (SAR) for the semester/term being applied for
- Copy of College Acceptance Letter (only if Transferring to another College)
- Copy of Upcoming Class Registration
- Official Transcripts

TERM	APPLICATION DEADLINE
Fall Semester	June 15th
Spring Semester	October 1st
Fall Quarter	June 15th
Winter Quarter	October 1st
Spring Quarter	December 1st



**CONTINUING STUDENT
HIGHER EDUCATION & ADULT VOCATIONAL TRAINING APPLICATION**



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STUDENT INFORMATION

ACADEMIC YEAR _____

Applicant's Full Name:	
Mother's Maiden Name (First & Last Name):	Father's Name:
Social Security #:	Date of Birth:
Permanent Mailing Address, City, State, ZIP Code:	
E-Mail Address:	Cell Ph. #:
Tribal Affiliation:	Tribal Enrollment #:
High School Attended:	Graduation Date:
How will you be attending school? <input type="checkbox"/> On Campus <input type="checkbox"/> Online	
Have you received a SPT Higher Education Grant before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No DOD:
IMPORTANT: Have you completed the entire Free Application for Federal Student Aid (FAFSA) for the college listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Completed:	

COLLEGE/UNIVERSITY INFORMATION

College/University Name:	
Address:	
Major:	Standing: <input type="checkbox"/> Frosh. <input type="checkbox"/> Soph. <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> Grad.
Student's Mailing Address while attending College:	

Applicant must enroll as a full-time student, report additional income, return any funds upon withdraw, and submit original official transcripts to the NNRP Higher Education Department upon the completion of each semester/quarter.

I, _____, have read and understand the conditions, procedures and policies of the SPT NNRP Higher Education Grant Program. I further authorize the release of all documents pertaining to my grant to the Shoshone-Paiute Tribes' Higher Education Program at PO Box 219, Owyhee, NV 89832.

Signature

Date

OFFICIAL USE ONLY

The applicant is an enrolled member of the **Shoshone-Paiute Tribes of the Duck Valley Indian Reservation.**

Enrollment Staff Print Name Signature

Date

PAYBACK AGREEMENT



HIGHER EDUCATION & ADULT VOCATIONAL TRAINING NEW-NUMA RESOURCE PROGRAM

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All NNRP Scholarship/Grant Recipients are required to sign a Payback Agreement. Should you accept NNRP funds and you do not meet the original intent, purpose, academic and financial aid guidelines as established and approved by the Shoshone-Paiute Tribal Business Council, you will be required to repay the Scholarship/Grant Program.

If there is documented evidence you have accepted NNRP Higher Education funds then cancelled or withdrew without notifying our office or simply dropped out of school, you will be required to repay the program.

If evidence has been found that you have accepted NNRP Higher Education Scholarship/Grant funds for personal use rather than educational use and any other documented evidence that the NNRP and the SPT Business Council deem inappropriate use of our funds, you will be required to repay the program.

Payback will be done immediately or through Monthly Payments and will continue until your balance is paid in full. A thorough review of your records in our office and in consultation with school officials will determine the amount owed the NNRP Higher Education Scholarship/Grant Program. You will be notified by Certified Mail.

If no payments have been received by the Shoshone-Paiute Tribes Finance Department, the NNRP-Higher Education Department shall take legal action against the student in the Shoshone-Paiute Tribes Tribal Court.

Applicant Signature

Date

Witness Signature

Date



ACKNOWLEDGEMENT & RECEIPT OF POLICIES



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APPLICANT RECEIPT AND AGREEMENT TO THE SHOSHONE-PAIUTE TRIBES HIGHER EDUCATION/ADULT VOCATIONAL TRAINING SCHOLARSHIP/GRANT POLICIES AND PROCEDURES

I, _____, have read and agree to comply with the Polices and Procedures of the Shoshone-Paiute Tribes Higher Education/Adult Vocational Training Scholarship/Grant Program. I understand that the Shoshone-Paiute Tribes Education Department will refuse all scholarship funds to a recipient who violates any of the policies and procedures contained herein. I understand that if I fail to comply with these terms:

- I may be placed on probation
- My ability to participate in the program may be suspended
- My scholarship may be terminated
- I may be required to repay the scholarship funds that were paid to me or on my behalf.

Applicant/Student Signature

Date



RELEASE OF INFORMATION



HIGHER EDUCATION & ADULT VOCATIONAL TRAINING NEWE-NUMA RESOURCE PROGRAM

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AUTHORIZATION GIVEN TO:

College/University _____
Office: _____
Mailing Address: _____

STUDENT INFORMATION:

Student Name: _____
Student ID No.: _____
Telephone No.: _____
Email Address: _____

Authorization to Release Information to the Shoshone-Paiute Tribes is hereby given to the college/university listed above. Information authorized for release may be written or through verbal discussion by agency representatives. Includes graded, progress, attendance, test scores, transcripts content, financial aid awards, general information regarding academic, financial, and school status. I further understand, the purpose of this release is to verify my eligibility for scholarships, grants, and other federal and non-federal awards available to me. If any party has questions or concerns regarding this release of information, I can be reached at the number or email address listed above.

RELEASE THE INFORMATION REQUIRED TO:

**Shoshone-Paiute Tribes
Newe-Numa Resource Program-Higher Education
PO Box 219
Owyhee, NV 89832
Phone: 208/759-3100, ext. 1232
Fax: 775/757-2910**

As the student, I understand that this is a reciprocal agreement of release. Therefore, I also authorize the Shoshone-Paiute Tribes to release information regarding any education awards made to me or on my behalf to the school listed above. I understand that release will remain in affect through the current academic school year unless I revoke my permission in writing.

Applicant/Student Signature

Date



FINANCIAL NEEDS ANALYSIS FORM

HIGHER EDUCATION & ADULT VOCATIONAL TRAINING NEW-NUMA RESOURCE PROGRAM

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Student Name:	Student ID#:
Social Security Number (last 4 digits only): XXX-XX-	Academic Level: <input type="checkbox"/> Frosh. <input type="checkbox"/> Soph. <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> Grad
College/University Name:	College/University Address:

FINANCIAL AID OFFICE USE ONLY

Please completed, return to the SPT-NNRP Higher Education Dept. via fax or Email.

Period covering this financial Needs Analysis: _____

School Term: Semester _____ Quarter _____ Other: _____

STUDENT EXPENSES

Tuition & Fees:	\$
Books & Supplies:	\$
Room & Board:	\$
Personal Expenses:	\$
Transportation:	\$
Childcare:	\$
Other (List):	\$
	\$
	\$
Total Expenses:	\$

STUDENT RESOURCES & ELIGIBLE AWARDS

Student Contribution:	\$
Parent Contribution:	\$
Work Study:	\$
Veteran's Benefits:	\$
Social Security:	\$
Vocational Rehab:	\$
PELL:	\$
SEOGG:	\$
Scholarships:	\$
Tuition Grants:	\$
Loans: <small>(Do Not Include Estimated Loan Amts.)</small>	\$
Other (List):	\$
	\$
	\$
Total Resources:	\$

CALCULATIONS

Total Expenses	\$
-Total Student Resources	\$
Total Unmet Need for Academic Year	\$

Has this student applied for federal financial aid? Yes No

Comments: _____

FINANCIAL AID OFFICER

Print Name _____

Phone Number _____

Signature _____

Date _____