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

NEW STUDENT CHECKLIST

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

- ☐ Complete Shoshone-Paiute Tribes Higher Education Application **(page 1)**
- ☐ Educational Goals **(page 2)** & Education Objective Survey **(page 3)**
- ☐ Payback Agreement Form **(page 4)**
- ☐ Acknowledgement & Receipt of Policy Form
  Please read and have an understanding of the SPT-NNRP Higher Education / Adult Vocational Training Policy and Procedures **(page 5)**
- ☐ Release of Information Form **(page 6)**
- ☐ Financial Needs Analysis **(page 7)**
- ☐ Copy of current Student Aid Report (SAR) for semester/term being applied for.
- ☐ Copy of High School Diploma /Transcripts or GED, which ever is applicable
- ☐ Copy of College Acceptance Letter
- ☐ Copy of Tribal Enrollment Card or Certificate of Indian Blood (CIB) which ever is applicable
- ☐ Copy of Social Security card
- ☐ Copy of Upcoming Class Registration/schedule

The application and supporting documents must be submitted by the deadline date. (See policies & procedures).

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

HIGHER EDUCATION & ADULT VOCATIONAL TRAINING APPLICATION

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NEW 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:
Have you had SPT Adult Vocational Training? ☐ Yes ☐ No If yes, specify:	How will you be attending school? ☐ On Campus ☐ Online
Have you received a SPT Higher Education Grant before? ☐ Yes ☐ No	Are you a Veteran? ☐ Yes ☐ No Date of Service
IMPORTANT: Have you completed the entire Free Application for Federal Student Aid (FAFSA) for the college listed above? ☐ Yes ☐ No Date Completed:	

COLLEGE/UNIVERSITY INFORMATION

College/University Name:	
Address:	
Major:	Standing: ☐ Frosh. ☐ Soph. ☐ Jr. ☐ Sr. ☐ 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 ready 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

EDUCATIONAL GOALS

HIGHER EDUCATION & ADULT VOCATIONAL TRAINING

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1. What post-secondary institution of higher education or vocational training are you planning to attend?

   _____

   _____

   _____

   _____

   _____

2. What are you planning to study? If academic course of study, what degree will you be seeking?

   _____

   _____

   _____

   _____

   _____

3. What is your career plan after you've graduate?

   _____

   _____

   _____

   _____

   _____

4. Please list the types of occupations (jobs) your education will help you attain.

   _____

   _____

   _____

   _____

   _____

5. Is there a manner in which your education or training can be utilized on the Duck Valley Indian Reservation? Or, can it be of benefit to Native Americans across the Nation?

   _____

   _____

   _____

   _____

EDUCATIONAL OBJECTVE ESSAY

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Minimum of 100 words *You may add additional pages, if necessary.*

Why do you want to further your education?

PAYBACK AGREEMENT

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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.

Evidence that you have accepted NNRP Higher Education Scholarship/Grant funds for personal use rather than educational use.

Any other documented evidence that the NNRP and the SPT Business Council deem inappropriate use of our funds.

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 may take legal action against the student in the Shoshone-Paiute Tribes Tribal Court.

_____ _____

Applicant Signature Date

_____ _____

Witness Signature Date

ACKNOWLEDGEMENT & RECEIPT OF POLICY

MUST SUBMIT WITH APPLICATION

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APPLICANT RECEIPT AND AGREEMENT TO THE SHOSHONE-PAIUTE TRIBES HIGHER EDUCATION/ADULT VOCATIONAL TRANING 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, AND/OR my ability to participate in the program may be suspended, AND/OR my scholarship may be terminated, AND/OR 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
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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, and includes grade, progress, attendance, test scores, transcripts and their contents, and financial aid awards and general information regarding academic, financial, 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 through the Tribes and to coordinate my financial awards. If any party has questions or concern regarding this release of information, I can be reached at the number or email address listed above.

PLEASE 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

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Student Name:	Student ID#:
Social Security Number (last 4 digits only): XXX-XX-	Academic Level: ☐ Frosh. ☐ Soph. ☐ Jr. ☐ Sr. ☐ Grad
College/University Name:	College/University Address:

FINANCIAL AID OFFICE USE ONLY
Please complete, return to the SPT-NNRP Higher Education Dept. via fax or Email.

Period covering this financial Needs Analysis: _____
School is what type of system: ☐ 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: (Do Not Include Estimated Loan Amts.)	$
Other (List):	$
	$
	$
Total Resources:	$

CALCULATIONS

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

Does this student qualify for federal financial aid? ☐ Yes ☐ No

Comments: _____
_____

FINANCIAL AID OFFICER

_____ _____
Print Name Phone Number

_____ _____
Signature Date