FALLON PAIUTE-SHOSHONE TRIBE
565 Rio Vista Drive, Fallon, Nevada 89406
Ph: (775) 423-8065 FAX: (775) 423-8067
Website: fpst.org * Email: educationdirector@fpst.org

HIGHER EDUCATION PROGRAM

Applicant:

Enclosed is the application packet you requested for the Higher Education Program. If you are a first time applicant, the Higher Education Policy is also enclosed. This policy explains the requirements and procedures for the Higher Education Program, please read it and become familiar with it.

Keep in mind that this application represents you. Many times the application is the first impression you make. To assist you in making a positive impression, we have listed a few recommendations below:

- You should read the entire document before you start to complete the application.
- Complete each form neatly and accurately.
- **Supply all the information requested of you, and submit the application before the stated deadline dates.**
- Please type or write neatly, as it is often difficult to read home addresses, e-mail addresses, and telephone numbers.
- **Include the full address and telephone numbers to the school you will be attending.** Sometimes it is faster for the FPST Education Department to contact the school directly concerning your file.
- If the application is faxed, please mail the hard copy.
- Do not leave any question blank.
- Please do not state, "You already have that information." If the application should ask for addresses and telephone numbers, it is your responsibility to supply the information. Make the extra effort to secure the correct information.
- Read and verify all items before you sign any document.
- For your records, make a copy of each document, after it is completed.

Please be advised, tribal funding will only meet a portion of your unmet need. It is your responsibility to know the expenses of the University or College you are attending and to apply for other scholarships and research other funding sources. There will be no emergency funds or other funds available beyond the award you receive.

If you need assistance during any portion of completing this application process, please contact the Education Office at (775) 423-8065, extension 222 for Mary Williams, Education and Cultural Affairs Director or extension 227 for Lynette Fisherman, Higher Education Assistant.

Good luck in furthering your education.

HIGHER EDUCATION PROGRAM DEADLINES:
FALL SEMESTER – JUNE 1
SPRING SEMESTER – NOVEMBER 1

FALLON PAIUTE-SHOSHONE TRIBE
HIGHER EDUCATION PROGRAM APPLICATION

This application is for students enrolling in a full-time program, twelve (12) or more credits. All information requested is voluntary; failure to fully complete all applicable parts may result in delays of processing or an incomplete application.

Student Information

Name:_____Social Security #:_____
Last *First* *Middle* *Maiden*

Address:_____Telephone #:_____
Street *City* *State* *Zip Code*

Date of Birth:_____Sex:_____Marital Status:_____

FPST Enrollment #:_____Email Address:_____

Education Information

Application Request for: Year:_____ Semester: Spring_____ Fall_____

Date of High School Graduation or GED received:_____

College Major:_____Expected Graduation Date:_____

Degree Seeking: AA_____ BA_____ BS_____ MA_____

Year in College: Freshman Sophomore Junior Senior

School Name:_____

School Mailing Address:_____
Street *City* *State* *Zip Code*

Have you ever received a tribal education grant before: YES NO

Semester & Year:_____

Credits earned to date:_____ Student Residence: On Campus Off Campus With Parents

PRIVACY ACT & PAPERWORK REDUCTION ACT STATEMENT

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974. Although furnishing personal information to this office is voluntary, failure to supply complete and accurate information may preclude the applicant from eligibility for assistance under this program. This information is being collected to determine eligibility of individuals applying for services. This information will be used to produce statistical records required of the Office of Indian Education Programs. Response to this request is required to obtain benefits.

I hereby certify the information on this form is true and correct, and consent to the release of this information to the necessary personnel. I declare that I will use any funds I receive under the FPST Higher Education Program solely for expenses connected with attendance at the above named institution. I will provide a copy of my grades or transcript to the FPST Education Department at the end of each semester.

_____ _____
Signature of Student *Date*

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Higher Education Program
Financial Needs Analysis Form

Part A- Student Identification Information

_____ _____
Student Name: First Middle Last Maiden *SSN #*

_____
Current Mailing Address City/Town State Zip

By signing below, I authorize the educational institution referenced below to release the required information from my school to the above tribal education department.

_____ _____
Student Signature Date

Part B – TO BE COMPLETED BY FINANCIAL AID OFFICER ONLY*

Budget Period: □ Fall □ Spring Semester: _____ /_____ to _____/_____

Or - Full Academic Year: 8/20_____ - 5/20_____

EXPENSES	RESOURCES
Tuition/Fees _____	**Pell Grant** _____
Room/Board _____	**Other Grants** _____
Book/Supplies _____	**Scholarships** _____
Transportation _____	
Total Expenses _____	**Total Resources** _____

Our school is on: □ **Semester** □ **Quarter** □ **Trimester** □ **Certificate** □ **Months**

Is this student's file complete? □ **YES** □ **NO If NO, why**_____

Total Expenses – Total Resources = _____ **(Remaining Need)**

We recommend that you award this student $_____ **[amount is based on semester / year.]**

_____ _____
Financial Aid Officer Signature **Date**

_____ _____
College Name: **Telephone #**

_____
Mailing Address **City** **State** **Zip**

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FALLON PAIUTE-SHOSHONE TRIBE
HIGHER EDUCATION PROGRAM

AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION

CERTIFICATE OF RELEASE

I hereby request and absolve the designated school below from liability for releasing a copy of my transcripts and other information pertinent to my financial needs and eligibility for funding to the Fallon Paiute Shoshone Tribes Education Program.

Fallon Paiute Shoshone Tribe
Higher Education Program
565 Rio Vista Drive
Fallon, Nevada 89406
(775) 423-8065 ext. 222
Fax number: (775) 423-8067

Name of Educational Institution: _____

Address of Educational Institution: _____

Telephone Number of the Educational Institution: _____

Fax Number of the Educational Institution: _____

Student's Social Security Number: _____

Student's Date of Birth: _____

Student's Signature: _____ Date: _____

*Please return this signed form to the Fallon Paiute Shoshone Tribe's Education Program.

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FALLON PAIUTE-SHOSHONE TRIBE
HIGHER EDUCATION PROGRAM

CERTIFICATE OF COMPLIANCE

I have read and understand the Policies and Procedures that have been established for the Fallon Paiute Shoshone Tribe's Higher Education Program and herby agree to abide by these conditions.

As a Higher Education Scholarship recipient**,** I shall:

- Maintain full time status earning no less than 12 credit hours with a Grade Point Average of no less than 2.0
- I understand that if I do not maintain the minimum GPA, that I will be placed on academic probation for the next semester.
- I understand that if I do not complete the probationary semester with the minimum grade point average, my funding will be suspended until I can earn 12 credits with a 2.0 grade point average through other sources.
- I will submit to the FPST's Higher Education Office within 30 days after each term/semester/quarter an OFFICIAL TRANSCRIPT. ***AN UNOFFICIAL TRANSCRIPT WILL NOT BE ACCEPTED.***
- I will attend the institution named in the award letter. I understand NO transfer of scholarship funds between institutions during the semester will be allowed.
- I understand if I've applied for a semester or Academic Year and do not attend school my application will become void and I must re-apply at the next applicable deadline. Funding will not be held for me.
- I am expected to declare my major.
- I must immediately notify the FPST Education Director upon my withdrawal or expulsion, and return any refunds.

Signature of Applicant: _____ _____
Date

*Please return this signed form with your application to the Fallon Paiute Shoshone Tribe's Education Program.