HIGHER EDUCATION PROGRAM APPLICATION

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 Education Director or extension 228 for Education Specialist.

HIGHER EDUCATION PROGRAM DEADLINES:
  FALL SEMESTER – JUNE 1
  SPRING SEMESTER – NOVEMBER 1
FALLOON 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
**Part A - Student Identification Information**

<table>
<thead>
<tr>
<th>Student Name: First</th>
<th>Middle</th>
<th>Last</th>
<th>Maiden</th>
<th>SSN #</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Mailing Address</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

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**

**EXPENSES**

<table>
<thead>
<tr>
<th>Tuition/Fees</th>
<th>Room/Board</th>
<th>Book/Supplies</th>
<th>Transportation</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________</td>
<td>______________</td>
<td>______________</td>
<td>______________</td>
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</tbody>
</table>

**RESOURCES**

<table>
<thead>
<tr>
<th>Pell Grant</th>
<th>Other Grants</th>
<th>Scholarships</th>
<th>Total Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______________</td>
<td>______________</td>
<td>______________</td>
<td>_______________</td>
</tr>
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</table>

| Budget Period:       | Semester:   /   to   /   |
|---------------------|--------------|-----------------|
| □ Fall                 | □ Spring     |                 |

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

<table>
<thead>
<tr>
<th>Our school is on:</th>
<th>☐ Semester</th>
<th>☐ Quarter</th>
<th>☐ Trimester</th>
<th>☐ Certificate</th>
<th>☐ Months</th>
</tr>
</thead>
</table>

| 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

<table>
<thead>
<tr>
<th>College Name:</th>
<th>Telephone #</th>
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<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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**APPROVED BY THE FALLON BUSINESS COUNCIL – 09/24/2013**
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.
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 hereby 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.