Application checklist for Continuing Applicants

___ “Continuing” Applicants have not taken a break from a semester.

___ Pawnee Nation Education/477 application if any information has changed, otherwise, do not fill out that section.

___ Award Agreement

___ Letter of Intent (LOI)

___ Financial Needs Analysis
   (Must have Financial Aid office fill out and return)

_____ Letter of Admission/Acceptance-Only if transferred to another institution.

_____ Official College Transcript for applicants

_____ Class Schedule
Pawnee Nation HIED Scholarship application
CONTINUING STUDENT APPLICANTS ONLY

Pawnee Nation Education Division
education@pawneenation.org
P.O. Box 470 Pawnee, Oklahoma 74058- Phone: 918-762-3227

Pawnee Nation Education 477 Application

Name: _________________________________________

______________________  ______________________  
Last                                    First                                      Middle

Email: ___________________________________________  

______________________  ______________________  ______________________
Address:_________________________________________________  

Street address                                      City, State                                      Zip Code

Valid Phone Number: ______________________________

Preferred communication (circle one):   Phone                                      Mail                                      Email

Marital Status:  __ Single  __ Married  ___Widowed  ___ Divorced  ___ Separated

Education at Enrollment:  __ H.S. Dropout  __ H.S. Diploma  __ Attending GED

*List people in your household including yourself*

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Date of Birth</th>
<th>Relationship to Applicant</th>
<th>Tribal Affiliation</th>
<th>Social Security</th>
<th>Special needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Please specify if the following assistances currently apply to you*

<table>
<thead>
<tr>
<th>Assistance</th>
<th>Yes</th>
<th>No</th>
<th>Amount</th>
<th>Assistance</th>
<th>Yes</th>
<th>No</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFDC/TANF</td>
<td></td>
<td></td>
<td></td>
<td>Child Support/Alimony</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SNAP/Food Stamps</td>
<td></td>
<td></td>
<td></td>
<td>Foster Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSI</td>
<td></td>
<td></td>
<td></td>
<td>School Grants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Assistance</td>
<td></td>
<td></td>
<td></td>
<td>Veterans Assistance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td></td>
<td></td>
<td></td>
<td>Unemployment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annuity/Per Cap</td>
<td></td>
<td></td>
<td></td>
<td>Commodities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker’s Comp</td>
<td></td>
<td></td>
<td></td>
<td>Living Assistance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pension/Retirement</td>
<td></td>
<td></td>
<td></td>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Pawnee Nation HIED Scholarship application

**CONTINUING STUDENT APPLICANTS ONLY**

**Pawnee Nation Education Division**
education@pawneenation.org
P.O. Box 470 Pawnee, Oklahoma 74058- Phone: 918-762-3227

**This page is for Applicants in Pawnee Nation’s Jurisdiction**
(Pawnee County and Northern Payne County only)

I certify I am currently: (check that applies)

<table>
<thead>
<tr>
<th></th>
<th>Employed</th>
<th>Veterans Preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than 7 days:</td>
<td>Working less than 32 hrs per week:</td>
<td>Transitioning</td>
</tr>
<tr>
<td>More than 6 months:</td>
<td>Upgrading request:</td>
<td>Selective Service #:</td>
</tr>
<tr>
<td>Never Worked:</td>
<td>Retraining/recertification needed:</td>
<td>Other:</td>
</tr>
</tbody>
</table>

*Please check the following services applying and/or requestion*

<table>
<thead>
<tr>
<th>477 services</th>
<th>Description</th>
<th>Currently receiving</th>
<th>Apply for service</th>
<th>Does Not apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOM School Fees (Pre-K-12th grade)</td>
<td>Assistance for eligible Native American students; Provides school operational support.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOM School Supplies (Pre-K-12th grade)</td>
<td>Assistance for Eligible Native American students in receiving fundamental supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Reimbursement</td>
<td>Assistance for Eligible Native American students in school sponsored extra-curricular activities and/or graduation cost.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACT</td>
<td>Assistance for Eligible Native American students needing support in ACT Prep/ACT Testing.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After school Tutoring</td>
<td>Assistance for eligible Native American Students needing improvement in academic success.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summer Youth Work Experience (HS students only)</td>
<td>Assistance for eligible Native American students; Provides work experience and job readiness workshops during the month of June and July.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Care (ages: 2 months-8 years old)</td>
<td>Assistance for Eligible Native American clients needing supportive services for children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Care Subsidy</td>
<td>Assistance for Eligible Native American clients needing monetary supportive services for children in child care.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Higher Education Scholarship</td>
<td>Assistance/Funding for Enrolled Pawnee Nation Members attending an accredited university/college with enrollment in courses for full time higher education. Have you previously received the HIED scholarship? ___Yes ___No When? ___________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Education/Training</td>
<td>Assistance for Eligible Native American clients needing designated supportive services in career development, skill training/material, including services for GED material/testing. Including but not limited to Job retaining/Job upgrading.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Work Experience</td>
<td>Assistance for Eligible Native American clients needing supportive services including but not limited to; job experience, resume developing, job readiness workshops and/or job related support to achieve self-sustainability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Pawnee Nation HIED Scholarship application
CONTINUING STUDENT APPLICANTS ONLY

Pawnee Nation Education Division
education@pawneenation.org
P.O. Box 470 Pawnee, Oklahoma 74058- Phone: 918-762-3227

Household Employment Information

<table>
<thead>
<tr>
<th>Applicant</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer:</td>
<td>Employer Address:</td>
<td>Employer Phone:</td>
</tr>
<tr>
<td>Job Title:</td>
<td>Wage:</td>
<td>Hours work per week</td>
</tr>
<tr>
<td>Start date:</td>
<td>End Date:</td>
<td>Reason for leaving:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spouse</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer:</td>
<td>Employer Address:</td>
<td>Employer Phone:</td>
</tr>
<tr>
<td>Job Title:</td>
<td>Wage:</td>
<td>Hours work per week</td>
</tr>
<tr>
<td>Start date:</td>
<td>End Date:</td>
<td>Reason for leaving:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other: Any household member 18 years or older:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer:</td>
<td>Employer Address:</td>
<td>Employer Phone:</td>
</tr>
<tr>
<td>Job Title:</td>
<td>Wage:</td>
<td>Hours work per week</td>
</tr>
<tr>
<td>Start date:</td>
<td>End Date:</td>
<td>Reason for leaving:</td>
</tr>
</tbody>
</table>

I Certify that the information provided in this application is true to the best of my knowledge. I am aware that any misrepresentation on this application will be grounds for immediate termination. I allow the release of information for verification purposes only. I understand the completion and submission of this application and required documents does not certify eligibility of services.

_________________________________________
Applicant Signature
(Date)
(Parent/Guardian signature required if applicant is under 18)
AWARD AGREEMENT
The terms below must be reviewed carefully by the applicant to certify your responsibility as a recipient of the Pawnee Nation Scholarship Program. Each term must be initialed.

Initials

_______ I agree to keep in contact with the Education Director during the semester of funding. My check in for contact will be during the week of my midterms.

_______ I agree there is no 3rd party communication.

_______ I agree to register for 12 credit hours and maintain a minimum 2.0 GPA.

_______ I agree to notify the Education Director immediately if I fall under the required hours/GPA.

_______ I understand I will be placed on probation the following semester if one or both violations occur.

_______ I understand if these violations occur during the probation period, I will be suspended from the Higher Education program until I can attend one semester at full time status and required GPA.

_______ I will arrange for an official transcript to be delivered to the Pawnee Nation Education Division at the end of the semester.

_______ I agree to submit grades for each semester to verify completion.

_______ I certify that I am not enrolled in another tribe or applying for or receiving funds from another tribe’s BIE scholarship fund.

_______ I understand that if I fail to notify the Education Director of withdrawing from classes or school before completing the semester, I will be subject to reimbursement of funds and termination of the Higher Education program.

_______ FALL RECIPIENTS: I understand that if I am awarded in the fall semester, my status will be a continuing student in the Spring. I am Responsible for enrolling for the spring scholarship in a timely manner.

_____________________________________________  __________________
Applicant’s Signature  Date
Letter of Intent for Continuing Students

I am presently a recipient of the Pawnee Nation Scholarship and will continue my education during this upcoming semester.

I understand that if I do not return this form specifying my intentions to continue my education, I will automatically be removed from the Continuing Students list.

I further certify that I will provide the Pawnee Nation Education office with any changes in my education or personal information. I understand I will need to have a class schedule, official transcript, and FNA sent to Education offices no later than the deadlines.

- Fall deadline- July 30th
- Spring deadline- December 30th
- Summer deadline- April 30th

I agree by signing below and I will submit this letter of intent to the Pawnee Nation Education office at the address listed in the letterhead.

Check mark what applies:

_____ Fall Semester for the year of _________
_____ Spring Semester for the year of _________
_____ Summer Semester for the year of _________

Student Signature
___________________________________________________________ Date

Email address for correspondence
___________________________________________________________

Education Director’s signature
___________________________________________________________ Date
Financial Needs Analysis (FNA)

Part 1 - Complete by the Student

Name: ____________________________  SS# _______________________________________

Enrollment status: Full Time  Part time  Number hours enrolled: _____ Phone #: __________________

Type of School: Jr College  University  Private  Sectarian

BIE Higher Education status:  NEW  CONTINUE  RETURNING  TRANSFER

Classification:  Freshman  Sophomore  Junior  Senior

Major: _________________________  Minor: _____________________________

Applied for:  FAFSA-PELL grant  GSL  OSL  OTAG  State grant  Tuition Waiver  Work study  SEOG  NDSI

Student’s signature __________________________  Date __________________________

Part 2: Financial Aid Officer

STUDENT BUDGET

Academic Year 20____ to 20____

Check one: Semester only ______  Academic Year ______

SCHOOL EXPENSES  STUDENT RESOURCES  AWARDS

TUITION:  FAMILY CONTRIBUTION:  PELL: __________________________

FEES:  STUDENT CONTRIBUTION:  SEOG: __________________________

BOOKS:  VETERANS BENEFITS:  NDSL: __________________________

SUPPLIES  SOCIAL SECURITY:  GSL: __________________________

ROOM & BOARD  VOCATIONAL REHAB:  OKPROMISE: ______________________

DEPENDENCY ALLOWANCE  AFDC:  TUITION WAIVER: ______________________

TRANSPORTATION  FELLOWSHIPS:  STATE TUITION WAIVER: ______________________

PERSONAL EXPENSES  IHS GRANT:  OTHER (list): ______________________

OTHER (list):  STATE NATIVE SCHOLARSHIPS: ______________________

OTHER (list):  __________________________

*Only indicate loans acceptance

School expenses total: $___________  Student Resources total: $___________  Awards total: $___________

Total Student expenses – Total Resources = $___________  TOTAL FINANCIAL

需 Total Financial need – total Awards = $___________  UNMET NEED

Please mail original form to the address listed above AND Please email this form to the address listed above.

ATTENTION: Higher Education

FINANCIAL AID OFFICER INSTITUTION: This address will be used to mail disbursements or correspondence.

NAME: ____________________________  SCHOOL NAME: ____________________________

Signature: ____________________________  ADDRESS: ____________________________

Email: ____________________________  PHONE: ____________________________

Date: _____________________________