

Pawnee Nation HIED Scholarship application  
**NEW and RETURNING APPLICANTS ONLY**



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

## **Application checklist for New and Returning Applicants**

- \_\_\_\_\_ “New” means 1<sup>st</sup> time applicants.
- \_\_\_\_\_ “Returning” means you took semester(s) off.
- \_\_\_\_\_ Pawnee Nation Education/477 application
- \_\_\_\_\_ Individual Education Plan (IEP)
- \_\_\_\_\_ Award Agreement
- \_\_\_\_\_ Privacy Statement
- \_\_\_\_\_ Financial Needs Analysis  
(Must have Financial Aid office fill out and return)
- \_\_\_\_\_ Pawnee Nation’s CDIB
- \_\_\_\_\_ Letter of Admission/Acceptance
- \_\_\_\_\_ Selective Service (Males only)



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**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)**

Unemployed	Employed	Veterans Preference
More than 7 days:	Working less than 32 hrs per week:	Transitioning
More than 6 months:	Upgrading request:	Selective Service #:
Never Worked:	Retraining/recertification needed:	Other:

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

477 services	Description	Currently receiving	Apply for service	Does Not apply
JOM School Fees (Pre-K-12 <sup>th</sup> grade)	Assistance for eligible Native American students; Provides school operational support.			
JOM School Supplies (Pre-K-12 <sup>th</sup> grade)	Assistance for Eligible Native American students in receiving fundamental supplies			
School Reimbursement	Assistance for Eligible Native American students in school sponsored extra-curricular activities and/or graduation cost.			
ACT	Assistance for Eligible Native American students needing support in ACT Prep/ACT Testing.			
After school Tutoring	Assistance for eligible Native American Students needing improvement in academic success.			
Summer Youth Work Experience (HS students only)	Assistance for eligible Native American students; Provides work experience and job readiness workshops during the month of June and July.			
Child Care (ages: 2 months-8 years old)	Assistance for Eligible Native American clients needing supportive services for children			
Child Care Subsidy	Assistance for Eligible Native American clients needing monetary supportive services for children in child care.			
Higher Education Scholarship	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?			
Adult Education/Training	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.			
Adult Work Experience	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			
Other:				

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### Household Employment Information

#### Applicant

Employer:	Employer Address:	Employer Phone:
Job Title:	Wage:	Hours work per week
Start date:	End Date:	Reason for leaving:

#### Spouse

Employer:	Employer Address:	Employer Phone:
Job Title:	Wage:	Hours work per week
Start date:	End Date:	Reason for leaving:

#### Other: Any household member 18 years or older:

Employer:	Employer Address:	Employer Phone:
Job Title:	Wage:	Hours work per week
Start date:	End Date:	Reason for leaving:

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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.

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\_\_\_\_\_  
Applicant Signature  
(Parent/Guardian signature required if applicant is under 18)

\_\_\_\_\_  
Date

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**Individual Education Plan (IEP)**  
New Applicants must Complete this form.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Education and Employment Plan:** This is a plan constructed by both the applicant and Adult Education Coordinator on how to achieve goals for Education towards self-sufficiency. Describe in detail the goals and plan of actions of becoming successful. This Plan of action must have realistic and achievable steps in order to be effective.

Applicant's Goal: \_\_\_\_\_

Plan of Action

Steps to obtain goal	Start date	End Date	Responsibility
1.			
2.			
3.			
4.			
5.			

Applicant's agreement with IEP: I clearly understand and agree with the Plan of Services as written. My signature below verifies that I actively took part in the constructing and planning process. I understand it is my responsibility to perform the action steps to obtain and maintain my education. I understand it is my responsibility to carry out the Identified Action Steps.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Education Director's Signature

\_\_\_\_\_  
Date

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**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

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## **Privacy Statement**

The Pawnee Nation of Oklahoma, pursuant to P.L. 93, has contracted the Higher Education Scholarship Program. The Privacy Act of 1974 requires that each Federal agency that maintains a system of information on individuals to inform those individuals as to:

1. The authority (whether granted by statute or by executive order of the President.), which authorizes the solicitation of the information and whether disclosure of such information is mandatory or voluntary.
2. The principal purpose(s) for which the information is intended to be used.
3. The routine uses which may be made of the information as published pursuant to paragraph (4)(D) of this subsection.
4. And the effects on applicant, if any, if not providing all or any of the requested information.

The Pawnee Nation Higher Education Scholarship program operates under the general authority of 24 USC. Chapter 12, 42 Statute 208 P.L. 67-85, with specific legislation contained in 25 USC, subchapter E, Part 32, "Administration of Educational Loans, Grants, and Other Assistance for Higher Education."

The applicant understands that the intent of collecting and maintaining this data is for determining eligibility and to provide a means of producing statistical records. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining higher education assistance under this program, The administration of this program requires certain information from the applicant. The forms included in this packet solicit the required information. This information may be made available to authorized organizations or individuals.

I have read the statement on privacy listed above. I hereby provide the required information and authorize the use of such information.

I hereby give permission to release all of the following information to the Pawnee Nation or Pawnee Nation Education Division staff members:

- Financial aid awards, application data, disbursements, and/or eligibility • Billing statements, charges, credits, payments, and/or past due amounts
- GPA/Grades, demographic, registration, student ID number, enrollment information, and/or academic progress status.
- Access to student records maintained by the Registration Office and Financial Office, including all the above examples.

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Applicant's signature

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Date

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**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    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: MUST SEND TO: Financial Aid Officer

**STUDENT BUDGET**

Academic Year 20\_\_ to 20\_\_

Check one: Semester only \_\_\_ Academic year \_\_\_\_\_

<b>SCHOOL EXPENSES</b>	<b>STUDENT RESOURCES</b>	<b>AWARDS</b>
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

Need 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:** \_\_\_\_\_