

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 1st 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 th grade) | Assistance for eligible Native American students; Provides school operational support. | | | |
| JOM School Supplies (Pre-K-12 th 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: |

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
(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

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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.

Applicant's signature

Date

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Financial Needs Analysis (FNA)

Part 1-Complete by the Student

Name: _____ LAST \$ SSN: XXX-XX-_____ STUDENT ID# _____
 Enrollment status: Full Time Part time Number hours enrolled: _____ Phone #: _____

Type of School: Jr College University Graduate

BIE Higher Education status: NEW RETURNING TRANSFER

Classification: Freshman Sophomore Junior Senior

Major: _____ Minor: _____

Applied for: FAFSA-PELL grant GSL OKpromise 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 ___

| 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

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: _____