

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

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

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Pawnee Nation Education 477 Application
****Fill this top half out every time****

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

Check here if NO CHANGES FROM PREVIOUS APPLICATION (Bottom half only)

List people in your household including yourself

Name	Age	Date of Birth	Relationship to Applicant	Tribal Affiliation	Social Security	Special needs
			SELF			

Assistance	Yes	No	Amount	Assistance	Yes	No	Amount
AFDC/TANF				Child Support/Alimony			
SNAP/Food Stamps				Foster Care			
SSI				School Grants			
General Assistance				Veterans Assistance			
Disability				Unemployment			
Annuity/Per Cap				Commodities			
Worker's Comp				Living Assistance			
Pension/Retirement				Other:			

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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
(ONLY IF IT CHANGED FROM LAST APPLICATION)

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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AWARD AGREEMENT (MUST FILL OUT EVERYTIME)

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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Letter of Intent for Continuing Students (MUST FILL OUT EVERYTIME)

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

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Financial Needs Analysis (FNA)

Part 1-Complete by the Student

Name: _____ LAST 4 SSN: XXX-XX-____ STUDENT ID# _____
 Enrollment status: Full Time Part time Number hours enrolled: _____ Phone #: _____
 Type of School: Jr College University Graduate
 Classification: Freshman Sophomore Junior Senior
 Major: _____ Minor: _____
 Applied for: FAFSA-PELL grant OKpromise 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 ____

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: _____