



B.I.A. VOCATIONAL/ TECHNICAL SCHOLARSHIP APPLICATION

Policy & Procedure Agreement Signed	FAFSA-SAR Letter of Results	Certified Letter of student's enrollment in a Federally Recognized Tribe/ C.I.B(Certificate of Indian Blood)
Official Letter of Admission	Needs Analysis completed by College	Letter from student's Tribe denying tribal and BIA funding
Official High School Transcript or GED w/test scores and all other Transcripts	Letter from student requesting assistance	Ute Descendant Letter from the Ute Tribe Vital Statistics Office(call 435-722-5141)

Student's Information

Name: _____ Student's School ID: _____

Previous Name(s): _____ Date of Birth: ____/____/____

Address: _____ City: _____

State/Zip Code: _____ Primary/Cell Phone #: () _____

E-Mail Address _____

Enrolled member of the Ute Indian Tribe

Applicant's FB#: _____

OR

Descendant of an enrolled member of the Ute Indian Tribe and Enrolled in Federally Recognized Tribe

Applicant's Tribe: _____ FB#: _____

Ute Descendent of: _____ FB#: _____

Marital Status: Never Married Married Unmarried (Divorced or Widowed)

Dependents: None 1-3 4 or more

Status Information

Application Type: New Continuing Transfer Returning

Student Status: Freshman Sophomore Junior Senior Graduate

Living Arrangements: On-campus Off-campus Other: _____

Are you a Veteran: NO YES

If yes, Branch/Length of Service: _____

I received: High School Diploma GED Date Received: _____

Name of School where you received Diploma/GED: _____

School's Information (Must be an Accredited Institution/School)

Name of School you are attending: _____

Semester you're attending (mark all that apply): Fall 20 _____ Spring 20 _____

Type of Program/Degree enrolled in:

Vocational School/College Technical School/College

Certification Other: _____

Major: _____ Minor: _____

List any Colleges/Universities/Technical Schools attended in the past:

<u>School</u>	<u>Address</u>	<u>Year attended</u>	<u>Credits Earned</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify that the answers I have provided on this application are true and correct. I understand that providing false information on this application may result in suspension from the program. I agree to comply with all rules and regulations that are written in the Policy & Procedures with the Ute Indian Tribe Higher Ed. Office. If for any reason, I do not comply with these rules and regulations, I hereby agree to accept the consequences that are given by either the Education Board and/or Higher Ed. Office. I authorize the release of all academic records and information, such as: midterm reports, final grades and transcripts, to be released from any school previously attended/currently attending to the Ute Tribe Higher Ed. Office.

Student Signature

Date

For Office Use Only

Scholarship Packet: **Complete** _____ **Incomplete** _____

Higher Education Counselor Signature

Date

Scholarship Award Recipient: **Approved** _____ **Denied** _____

Education Director Signature

Date

Education Board Member Signature

Date



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CONSENT TO RELEASE INFORMATION

Student Information

Name: _____

Student ID: _____ DOB: _____ / _____ / _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

College/University/School Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

I, _____, authorize the release of any academic information or records (such as: Midterm Reports, Final Grades, Class Schedules, Transcripts/or G.E.D. test scores and any other Financial Information) to be released from the school named on this form to:

Ute Tribe Higher Education Office

P.O. Box #744

Fort Duchesne, UT 84026

Phone (435) 722-2331 Fax (435) 722-0811

Student Signature

Date



UTE INDIAN TRIBE EDUCATION DEPARTMENT

Higher Education Office

P.O. BOX 744

FORT DUCHESNE, UTAH 84026

(435) 722-2331 OFFICE

(435) 722-0811 FAX

FINANCIAL NEEDS ANALYSIS

PLEASE PRINT LEGIBLY

1. TO BE COMPLETED BY STUDENT		
Student's Full Legal Name	Date of Birth	Student ID:
Permanent Address:	Primary Phone:	Secondary Phone:
Email:	FAFSA Completed: YES NO	
I hereby grant permission to the _____ Financial Aid Office to release any information related to my financial aid status and my academic status to the Ute Tribe Education Department, including its UIT Higher Education Office.		
Student Signature: _____ Date: _____		
2. TO BE COMPLETED BY INSTITUTION'S FINANCIAL AID OFFICER		
<input type="checkbox"/> Check if student is suspended from Financial Aid.		
Financial Aid will cover expenses for the time of: FALL 20 ____ SPRING 20 ____		
Type of Term: SEMESTER QUARTER OTHER: _____		
School Federal Tax ID#:	Student Enrollment Status: Full-Time Part-Time	
EXPENSES	RESOURCES	FINANCIAL NEED
Tuition & Fees:	Pell Grant:	Total Expenses:
Books & Supplies:	Veteran's Benefit:	
Room & Board:	Tuition Wavier:	Total Resources:
Transportation:	SEOG/SSIG/Other:	Remaining Needs:
Personal/Misc.:	Expected Family Contr.:	
Total Expenses: \$	Total Resources: \$	
Comment:		
I certify that the above individual has applied for and been considered for both Federal and Campus Based Aid.		
Financial Aid Advisor Signature: _____ Date: _____		
Financial Aid Advisor Contact Information:	Return this form to: Ute Tribe Higher Ed. Office P.O. Box 744 Fort Duchesne, UT 84026 Or Email to: korins@utetribe.com	