

Office Use Only



## B.I.A. HIGHER EDUCATION SCHOLARSHIP APPLICATION (Undergraduate & Graduate)

### Required Documents

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(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 School)**

Name of School you are attending: \_\_\_\_\_

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

Type of Degree enrolled in:

A.A. (Associate of Arts)                      A.A.S. Associate of Applied Science)  
A.S. (Associate of Science)                M.A. (Masters)  
B.A. (Bachelors)                              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

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**Scholarship Packet:**                      **Complete** \_\_\_\_\_                      **Incomplete** \_\_\_\_\_

\_\_\_\_\_  
Higher Education Counselor Signature

\_\_\_\_\_  
Date

**Scholarship Award Recipient:**                      **Approved** \_\_\_\_\_                      **Denied** \_\_\_\_\_

\_\_\_\_\_  
Education Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Education Board Member Signature

\_\_\_\_\_  
Date





## B.I.A. HIGHER EDUCATION SCHOLARSHIP APPLICATION

### 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:	
Personal/Misc.:	Expected Family Contr.:	Remaining Needs:
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:	<b>Return this form to:</b> Ute Tribe Higher Ed. Office P.O. Box 744 Fort Duchesne, UT 84026  <b>Or</b> Email to: <a href="mailto:korins@utetribe.com">korins@utetribe.com</a>	