

**Po' Pay Scholarship Application**  
OHKAY OWINGEH DEPARTMENT OF EDUCATION  
PO BOX 1269  
OHKAY OWINGEH, NM 87566  
(505) 852-3477

**(Please fill in all blanks. Write NIA if not applicable.)**

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Legal Name: \_\_\_\_\_  
Last First Middle

Permanent Mailing Address: \_\_\_\_\_  
Street No. or P.O. Box # City State Zip Code

Dorm/Off Campus Mailing Address: \_\_\_\_\_  
Street No. or P.O. Box # City State Zip Code

Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Campus Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_ E-mail address: \_\_\_\_\_

Housing Status:  On Campus  Off Campus  Live with Parents

Single (no dependents)  Single (with dependents) Number of dependents residing in household: \_\_\_\_\_

Married If married, spouse's name: \_\_\_\_\_ Number of children in your family: \_\_\_\_\_

Have you attended College before?  Yes  No Are you a Veteran of the US Armed Forces?  Yes  No

First time Applicant  Returning Applicant If you are a returning applicant when did you last receive a scholarship award? \_\_\_\_\_

**EDUCATIONAL INFORMATION**

Name/Address of High School: \_\_\_\_\_  BIA School  Public School  GED Program  
\_\_\_\_\_  Tribal Contract  Private/Parochial School

Month and year of high school graduation or GED Certificate: \_\_\_\_\_

Name/Address of college/university attending: \_\_\_\_\_  
\_\_\_\_\_

Current Grade Level:  
 Freshman (1st year)  Junior (3rd year) Classes begin: \_\_\_\_\_  
 Sophomore (2nd year)  Senior (4th year or more) (mo/yr)

Name of Degree Program: \_\_\_\_\_ Indicate type of degree you plan to receive:  
Major: \_\_\_\_\_  A.A.  A.S.  
Minor: \_\_\_\_\_  B.A.  B.S.  B.F.A.  B.B.A.  
Expected graduation date: \_\_\_\_\_

CONTINUING APPLICANTS please indicate any changes in educational plan: \_\_\_\_\_

<b>For Office Use Only</b>	Recommended Award Amount: _____	___ Approved	___ Denied
Comments: _____ _____			
_____ Scholarship Committee Member	_____ Scholarship Committee Member	_____ Scholarship Committee Member	

**Statement of Certification and Consent to Release Information**

Please have your school financial aid officer fill out the attached student Tribal Needs Analysis form and return it to our office immediately. Applications received after 5 p.m. of the close of business on the deadline date will not be accepted. However, mailed applications that are postmarked on or before the deadline date will still be accepted.

Failure to provide any requested information may result in denial of the scholarship grant.

If there are any unusual circumstances or problems we should consider in determining your grant amount, please state them on a separate piece of paper and attach it to this application.

If a student loan is obtained by the applicant or by the applicant's family, the Ohkay Owingeh Department of Education is not responsible for repayment of loan.

I hereby certify that the information on this application is true and correct to the best of my knowledge and consent to the release of this information to the necessary agencies to complete my financial aid package.

I hereby acknowledge I will attend the school indicated on this application and agree to work towards the career goal I have selected to the best of my ability. I agree that I will not change schools or change career goals without obtaining prior approval from the Ohkay Owingeh Department of Education. I further agree that if for any reason I drop, withdraw, or change my student status from full-time to part-time during the school year, I will promptly notify the Ohkay Owingeh Department of Education and will refund any unused scholarship funds awarded to me.

I agree to provide a copy of my grades or official transcripts to the Ohkay Owingeh Department of Education at the end of each academic term, semester, quarter or trimester for use in determining continued funding. I hereby give my consent to have my official or student copy of my current term transcripts released as per request to the Ohkay Owingeh Department of Education.

I certify that I have applied for other sources of campus-based funding (i.e. federal and state aid, work-study, etc.) and that it will be included when computing my financial aid package. I certify that I will use any funds awarded to me under the Ohkay Owingeh Department of Education solely for expenses associated with attendance at a two or four year college/ university indicated on this application.

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

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



## PO'PAY SCHOLARSHIP STUDENT CONTRACT

This contract is made and entered into for the academic school year for which this scholarship award is granted. The student making an application for funding recognizes that this application is between the student and the Ohkay Owingeh Department of Education and hereinafter shall be referred to as the Scholarship Recipient.

### THE SCHOLARSHIP RECIPIENT:

1. The scholarship recipient shall complete and submit a Tribal Scholarship Application and Free Application for Federal Student Aid (FAFSA) form each academic year.
2. Complete and submit all financial aid forms as required by the institution for each academic year by the specified deadline.
3. Upon the scholarship recipient's acceptance of the awards, the Ohkay Owingeh Department of Education shall provide minimal financial assistance for the semester/term based on need and the amount specified in the award letter.
4. The scholarship recipient shall be a full-time student earning no less than 12 credit hours with a grade point average of no less than 2.0 at the end of a regular semester or quarter to remain eligible for financial assistance.
5. The scholarship recipient will be funded after each semester based on the completion of no less than 12 credit hours and a grade point average of 2.0 at the end of a regular semester. If the scholarship recipient does not maintain the requirements he or she will not be funded for the following semester.
6. The scholarship recipient shall complete 20 hours of community service within San Juan Pueblo for each semester funded through the Ohkay Owingeh Department of Education.
7. The scholarship recipient shall use awarded funds for educational expenses. Any other use shall warrant automatic suspension and repayment of the awarded funds.
8. The scholarship recipient shall meet with the Ohkay Owingeh Department of Education's Scholarship Coordinator when visitations are made to the school the scholarship recipient is attending.
9. The scholarship recipient shall notify the Ohkay Owingeh Department of Education office of withdrawal from the institution specified in the award. The scholarship recipient shall be required to repay the funds awarded if the Ohkay Owingeh Department of Education Scholarship Coordinator is not notified of withdrawal or does not approve of the reasons for the withdrawal from school.
10. The scholarship recipient shall submit, within 30 days after the end of each semester, a complete official grade report, to the Ohkay Owingeh Department of Education office.
11. The scholarship recipient shall attend the institution specified in the award letter. No transfer of scholarship funds between institutions during the academic year shall be allowed.
12. The scholarship recipient in requesting future scholarships shall complete his/her application process by the following deadlines:

Fall Semester	June 30th
Spring Semester	December 30th
14. The scholarship recipient shall pursue a degree program leading to an Associates or Baccalaureate Degree (BA).
15. The scholarship recipient, 60 days after graduating will notify the Ohkay Owingeh Department of Education office of his/her graduation date, degree conferred and major.

I shall accept and abide by the conditions stipulated in the terms above and will be bound by the responsibilities and consequences thereof.

I give permission to allow the Ohkay Owingeh Department of Education to receive my transcript, and/or financial aid information request.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Education Coordinator Signature

\_\_\_\_\_  
Date

## PRIVACY STATEMENT

The Privacy Act of 1974 requires each Federal Agency that maintains a system of information on individuals to inform those individuals as to:

- A. 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.
- B. The principle purpose or purposes for which the information is intended to be used.
- C. The routine uses, which may be made of the information as published pursuant to, paragraph (4) (D) of this subsection and of the requested information.

The Bureau of Indian Affairs Higher Education Assistance Program operates under the general authority of 24 USC Chapter 13, 42 Stat. 208 P.L. 67-85 with specific legislation contained in 25USC, Subchapter E, Part 32, Administration of Education Loans, Grants and Other Assistance for Higher Education. In accordance with the accountability required for the Administration of funds appropriated for the program and in order to provide services to recipients, and to declare eligibility, certain information is required of applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request. The applicant should understand that the intent of collecting and maintaining this data on the individual is for determining eligibility of the applicant and for providing the means of producing certain statistical records required of this office. 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.

I have read the statement above and I hereby agree to provide the required information and authorize the use of such information to the extent specified in the statement.

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STUDENT NAME (print)

STUDENT SIGNATURE

DATE

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WITNESS NAME (print)

WITNESS SIGNATURE

DATE

Fall 2006  
Po'Pay Scholarship  
Applicant Checklist

Keep this checklist as a guide to ensure that your application packet is complete. The following documents must be submitted to the Ohkay Owingeh Department of Education by 5:00 p.m. of the deadline date. Application packets received or postmarked after the deadline date will not be considered.

Note: The Ohkay Owingeh Department of Education is not responsible for notifying the student of deadlines and missing documents. Only completed application packets will be considered if received by the deadline date.

APPLICATION PACKET INCLUDES:

- Po'Pay Scholarship Application

**Documents marked with an asterisk ' are required for first-time applicants. Continuing students changing majors or schools will need to submit a new letter of acceptance indicating your acceptance into the new program or school and a new persona! statement identifying the purpose for the change and your goats and objectives.**

- Certificate of Indian Blood\***
- Letter of Acceptance\***
- Personal Statement - See Guidelines for requirements\***
- Completed Community Service Verification Form 20hrs (first time applicants do not submit)
- Tribal Needs Analysis Form (to be completed by a Financial Aid Advisor)
- Official Transcripts (This document must be in a sealed envelope provided by the institution. It can either be attached to the application or the school can mail it to our office separately.)
- Official Class Schedule (students can obtain an official class schedule through the Registrar's office)
- Student Contract
- Privacy Statement (must have a witness's signature)
- Other: \_\_\_\_\_

**DUE TO THE DUPLICATION OF INFORMATION ABSOLUTELY NO  
PHOTOCOPIES OR FAXED DOCUMENTS WILL BE ACCEPTED**

**Deadline - June 30, 2006 by 5 p.m.**