Vocational Training

Pre-Application
Dear Prospective Student:

Congratulations on your choice to continue your education at an institute of higher learning! Unfortunately, this extensive application process is a necessity to give the education committee a complete summary of your individual circumstances. Please use this check-off sheet, as a guide to make certain you file is complete with our office before the specified deadline. Please keep in contact with your College/University's Admissions and Financial Aid Offices to ensure your application is completed within a timely manner. In order to avoid delays in the process, it may be necessary to check with these offices as well as ours periodically. All schools have their own policies and deadlines each student may need to meet.

DOCUMENTS REQUIRED

New Students and Returning Students who previously attended:

_____ Paiute Indian Tribe of Utah Higher Education Grant Application.  
You can download and print an application online at:  

www.utahpaiutes.org

Application Includes:

_____ Letter from student requesting assistance (pg. 5)  
_____ Consent to Release Information (pg. 6)  
_____ Proof of Residency (pg. 7)  
_____ Financial Need Analysis (pg. 8)

_____ Financial Aid Application.

_____ Need a copy of official high school diploma w/transcript or GED certificate w/test scores

_____ An official letter of admissions or verification of enrollment from Vocational College or school

_____ C.I.B. (Certificate of Indian Blood may be obtained from the PITU Enrollment office)
## Personal Information

<table>
<thead>
<tr>
<th>Name: _______________________________________________</th>
<th>SS#:<em><strong><strong>/</strong></strong></em>/_____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Name(s):______________________________________</td>
<td></td>
</tr>
<tr>
<td>Address:________________________________________________</td>
<td></td>
</tr>
<tr>
<td>Phone #: (     ) __________________                                    Date of Birth:<em><strong><strong>/</strong></strong></em>/_____</td>
<td></td>
</tr>
<tr>
<td>E-Mail Address:_________________________                    Cell Phone#: _________________</td>
<td></td>
</tr>
<tr>
<td>Tribe:__________________________     Tribal Enrollment #:__________________________</td>
<td></td>
</tr>
</tbody>
</table>

## Status Information

<table>
<thead>
<tr>
<th>Have you received previously received a Tribal Scholarship:</th>
<th>YES         NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes please describe:____________________________________</td>
<td></td>
</tr>
<tr>
<td>Are you a Veteran:     NO     YES          If yes, when/where:____________________________</td>
<td></td>
</tr>
<tr>
<td>Do you have either of these (circle): High School Diploma / GED</td>
<td>Date Received:_______</td>
</tr>
<tr>
<td>Name of School where you received Diploma/GED:__________________________</td>
<td></td>
</tr>
</tbody>
</table>

## School Information

<table>
<thead>
<tr>
<th>Please list the school(s) you are considering to attend:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

| Scheduled Start Date: __________________________ |

| Expected completion Date: ______________________ |

| Instructor: ____________________________________ |

<table>
<thead>
<tr>
<th>List All Other Colleges/Universities/Technical Schools attended in the past:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
</tr>
</tbody>
</table>
What are your future goals and how will furthering your education assist you in achieving them? Tell the committee about yourself, family, and band affiliation?
Vocational Training
Consent to Release Information

Student Information
Name: ________________________________  __________________________________________
Social Security: _____/_____/______                   DOB: _____/_____/_____
Address: ______________________________________________________________________
Phone #: ____________________________

School Information
Name: ______________________________________________________________________
Address: ______________________________________________________________________
Phone: ________________________________________________________________________

I, ________________________________, authorize the release of any academic information or records
(such as: Midterm Reports, Final Grades, Class Schedules, Transcripts and any other Financial
Information to be released from the school named on this form:

The Paiute Indian Tribe of Utah
Education Department
440 North Paiute Drive
Cedar City, Utah 84720
Phone (435) 586-1112
Fax (435) 586-7388

______________________________________________________________________________
Student Signature  Date
Proof of Residency

Students: Please have your Band Chair sign and verify your residential status.

(Student Information)

Name: __________________________________________________________
Band Affiliation: _____________________________________________
Address: ______________________________________________________

I _________________________________________________________, the Band Chair for the ________________________________ band verify that the student named above is a resident of:

(Please check the appropriate box below)

☐ Iron County
☐ Washington County
☐ Millard County
☐ Sevier County
☐ Out of Service Area

__________________________________________________________
Band Chair Signature

__________________________________________________________
Date
FINANCIAL NEED ANALYSIS

1. TO BE COMPLETED BY STUDENT (Answer all questions carefully)

Name: ____________________________
Tribe: ______________________________

Social Security #:_____________________
Program and Address that should receive this
Needs Analysis:
Paiute Indian Tribe of Utah
Education Department
440 North Paiute Drive
Cedar City, Utah 84720

Permanent Mailing Address:
___________________________________

Telephone #:__________________________

Date of Birth: ___/___/_____

Your State of legal residence: ____________

Your College standing at the time this assistance is to be
Used: (   ) Freshman
(   ) Sophomore
(   ) Junior
(   ) Senior
(   ) Graduate

If you have dependents other than a spouse,
how many will be in each of the following
age groups during the terms that you are
applying for aid:
(   ) None  (   ) 1-3  (   ) 4-7  (   ) 8+

Where will you be living during the period for which
Semester(s) applying for:
Fall 200__  Spring 200__

You have requested financial aid:
(   ) On campus
(   ) Off campus
(   ) With parents
(   ) Other:_________________________

Major: ____________________________
Minor:_____________________________

I hereby give permission to the ___________________Financial Aid Off
ice to release any information on my financial aid status and my
academic status to the Paiute Indian Tribe of Utah Education Office.

Sign: ____________________________________________
Date: ____________________________________________

2. TO BE COMPLETED BY FINANCIAL AID OFFICER AT THE COLLEGE OR UNIVERSITY

______STUDENT SUSPENDED FROM FINANCIAL AID DUE TO FAILURE TO MAINTAIN SATISFACTORY PROGRESS.

Yes or No (Please Circle)  PROGRAM IS PELL GRANT ELLIGIBLE

This student is considered: (   ) Independent  (   ) Dependent  Cumulative GPA: ____________

EXPENSES:

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>RESOURCES</th>
<th>RESOURCES</th>
<th>PELL</th>
<th>SEOG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition/ Fees</td>
<td>Personal/Summer</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Room/Board</td>
<td>Parent Contribution</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Books/ Supplies</td>
<td>Spouse Contribution</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>Veterans’ Benefits</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal</td>
<td>Stafford Student Loan</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduate</td>
<td>Other (Specify)</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out of State</td>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependent allow</td>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL EXPENSES $</td>
<td>TOTAL RESOURCES $</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student need recommended to Department of Higher Education: $____________

(Expenses minus Resources)

Financial Aid requested will cover expenses for the period:
Month: ___________________ To Month: ___________________ Year: ___________________

I certify that the above individual has applied for and been considered for both Federal and Campus Based Aid

Return this form to: Paiute Indian Tribe of Utah
Education Department
440 North Paiute Drive
Cedar City, Utah 84720
Fax: 435.586.7388

DEADLINE: FALL-JUNE 30TH AND SPRING-NOVEMBER 30TH
Signed Agreement

I, hereby certify that the answers I have provided on this application are true and correct, and understand that providing false information on this application may result in suspension from the program. I agree to comply with all the rules and regulations that are written in the Policy & Procedures of the Paiute Indian Tribe of Utah Vocational Training Program. If for any reason I do not comply with these rules and regulations, I hereby agree to accept the consequences that are given by both the Education Committee and 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 Paiute Indian Tribe of Utah Higher Educational Office.

Student Signature  Date

For Office Use Only

Scholarship Award Recipient:  Approved_____  Denied____  Incomplete____

Start Date:  End Date:  Hours per week____

Stipend Amount  Maximum Scholarship:  

Higher Ed. Committee Chairperson  Date

Education Director  Date

Students Initials