

**Paiute Indian Tribe of Utah**  
**Tribal Scholarship**  
**Application**

**Complete Application Packet Includes:**

**Tribal Grant Application  
Letter Form  
Consent to Release Form  
Financial Needs Analysis  
Proof of Residency**

**Return Completed Applications to:  
PITU Education Dept  
440 North Paiute Dr  
Cedar City, UT 84721**

Dear Prospective Student:

Congratulation on your choice to continue your education at an institute of Higher learning! 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 your application is complete and returned to our office before the specified deadline.** In order to avoid delays periodically contact your College/University's **Admissions office, Financial Aid office** and the **PITU Education office**, to ensure your application is completed. All schools and Tribal Ed Departments have their own polices and deadlines check with your school and Tribal Ed. Department to confirm your required deadlines.

<p><b>Scholarship Program Deadline Dates:</b> Fall Semester June 30<sup>th</sup> and Spring Semester November 30<sup>th</sup></p>
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**DOCUMENTS REQUIRED**

**New Students and Returning Students who previously attended a College/University:**

- \_\_\_\_\_ Paiute Indian Tribe of Utah Higher Education Grant Application with the following:
  - \_\_\_\_\_ Letter (pg. 5)
  - \_\_\_\_\_ Consent to Release Information (pg. 6)
  - \_\_\_\_\_ Signed Agreement (pg. 4)
  - \_\_\_\_\_ Needs Analysis completed and mailed to the Financial Aid Office at the College/University (pg. 7)
  - \_\_\_\_\_ Proof of Residency-Signed by Band Chair (pg. 8)
  
- \_\_\_\_\_ Completed Free Application for federal Student Aid (FAFSA). Submitted and returned information with results
- \_\_\_\_\_ Financial Needs Analysis filled out by College/University Financial Aid officer and Returned
- \_\_\_\_\_ Official High School Diploma w/Transcript or GED Certificate w/Test scores
- \_\_\_\_\_ Official Letter of Admission from College/University
- \_\_\_\_\_ C.I.B. (Certificate of Indian Blood can be obtained from the PITU Enrollment office).

**Continuing Students who are still attending the same College/University:**

- \_\_\_\_\_ Paiute Indian Tribe of Utah Higher Education Grant Application with the following:
  - \_\_\_\_\_ Letter (pg. 5)
  - \_\_\_\_\_ Consent to Release Information (pg. 6)
  - \_\_\_\_\_ Signed Agreement (pg. 4)
  - \_\_\_\_\_ Needs Analysis completed and mailed to the Financial Aid Office at the College/University (pg. 7)
  
- \_\_\_\_\_ Completed Free Application for Federal Student Aid (FAFSA). Submitted and returned information with results.
- \_\_\_\_\_ Financial Needs Analysis filled out by College/University Financial Aid Officer and returned.
- \_\_\_\_\_ Current Official Transcript from all Colleges/Universities attended.

**Personal Information**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Previous Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_  
Tribe: \_\_\_\_\_ CIB#: \_\_\_\_\_ Dependents: None 1-3 4 or more  
Marital Status: Single Married Unmarried (Divorced or Widowed)

**Status Information**

Application Type (refer to definition section): New Continuing Transfer Returning  
Student Status: Freshman Sophomore Junior Senior Graduate  
Living Arrangements: On Campus Off Campus  
Are you a Veteran: NO YES If yes, when/where: \_\_\_\_\_  
Do you have either of these (circle): High School Diploma / GED Date Received: \_\_\_\_\_  
Name of school where you received Diploma/GED: \_\_\_\_\_

**School Information**

**Semester Attending (mark all that apply):** Fall 20\_\_\_\_ Spring 20\_\_\_\_  
FULL-TIME (12+Credits)\_\_\_\_ HALF-TIME (7-11 Credits)\_\_\_\_  
**Type of Program/Degree enrolled in:** A.A. (Associate of Arts) A.S. (Associates of Science)  
A.A.S. (Associate of Applied Science) B.A. (Bachelors) M.A. (Masters)  
Major: \_\_\_\_\_ Minor: \_\_\_\_\_  
**Name of school you will be attending:**  
Name Address Year Attended Credits Earned  
\_\_\_\_\_  
\_\_\_\_\_  
**List any Colleges/Universities/Technical Schools attended in the past:**  
Name Address Year Attended Credits Earned  
\_\_\_\_\_  
\_\_\_\_\_

# Signed Agreement

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 Paiute Indian Tribe of Utah's Higher Ed. /AVT 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 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, transcripts, scholarships, and financial information to be released from any schools previously attended or currently attending to the Paiute Indian Tribe of Utah's Higher Education Office.

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

\_\_\_\_\_  
Date

**For Office Use Only**

Scholarship Award Recipient:	Approved_____	Denied_____	Incomplete_____
_____ Education Committee Chair	_____ Date		
_____ Education Director Signature	_____ Date		



# CONSENT TO RELEASE INFORMATION

(Student Information)

Name: _____	
Social Security: ____/____/____	DOB: ____/____/____
Address: _____	

(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.

To the:  
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

**THE PAIUTE INDIAN TRIBE OF UTAH**

# FINANCIAL NEED ANALYSIS

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

Name: _____	Tribe: _____	
Social Security #: _____	Program and Address that should receive this Need Analysis: _____	
Permanent Mailing Address: _____	<b>Paiute Indian Tribe of Utah Education Department 440 North Paiute Drive Cedar City, Utah 84720</b>	
Telephone #: _____		
Date of Birth: ___/___/___		Marital Status:    ( ) Single ( ) Married ( ) Divorced
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 then 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+ Semester(s) applying for:    Fall 20 ____ Spring 20 ____
Where will you be living during the period for which You have requested financial aid: ( )    On campus ( )    Off campus ( )    With parents ( )    Other: _____		Major: _____  Minor: _____

I hereby give permission to \_\_\_\_\_ Financial Aid Office 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**

**\_\_\_\_ STUDENTS SUSPENDED FROM FINANCIAL AID DUE TO FAILURE TO MAINTAIN SATISFACTORY PROGRESS.**

This student is considered:   ( ) Independent    ( ) Dependent                      Cumulative GPA: \_\_\_\_\_

<u>EXPENSES:</u>	<u>RESOURCES</u>	\$ _____	PELL	\$ _____
Tuition/Fees	Personal/Summer	_____	SEOG	_____
Room/Board	Parent Contribution	_____	SSIG	_____
Books/Supplies	Spouse Contribution	_____	CWS	_____
Transportation	Veterans' Benefits	_____	Perkins	_____
Personal	Stafford Student Loan	_____		
Graduate	Other (Specify)	_____		
Out of State		_____		
Dependent allow		_____		

TOTAL EXPENSES \$ \_\_\_\_\_                      TOTAL RESOURCES    \$ \_\_\_\_\_

Student need recommended to Department of Higher Education: (Expenses minus Resources)    \$ \_\_\_\_\_

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

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

_____	_____
Financial Aid Advisor	Date
_____	_____
Address	Phone
DEADLINE: FALL-JUNE 30 <sup>TH</sup> AND SPRING-NOVEMBER 30 <sup>TH</sup>	

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

# 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