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:

Congratulations 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.

Scholarship Program Deadline Dates:
Fall Semester June 30th and
Spring Semester November 30th

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

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<thead>
<tr>
<th>Name: ___________________________</th>
<th>SS#: <em><strong>/</strong></em>/____</th>
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<tbody>
<tr>
<td>Previous Name(s): ___________________________________________________________</td>
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<tr>
<td>Address: ___________________________________________________________</td>
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<tr>
<td>Phone #: ( ) __________________</td>
<td>Date of Birth: <em><strong>/</strong></em>/____</td>
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<tr>
<td>E-Mail Address: ___________________</td>
<td>Cell Phone#: ____________</td>
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<tr>
<td>Tribe: ____________</td>
<td>CIB#: ____________</td>
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<tr>
<td>Marital Status: Single Married Unmarried (Divorced or Widowed)</td>
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### 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

<table>
<thead>
<tr>
<th>Scholarship Award Recipient:</th>
<th>Approved</th>
<th>Denied</th>
<th>Incomplete</th>
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<tr>
<td>Education Committee Chair</td>
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<td>Education Director Signature</td>
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Revised March 2010
What are your future goals and how will furthering your education assist you in achieving them? Tell us about yourself and family, what band are you from?
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: ____________________________________________

Social Security #:___________________________________

Tribe: ____________________________________________

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+

Semester(s) applying for:    Fall 20___    Spring 20___

Major: ____________________________

Minor: ____________________________

Where will you be living during the period for which aid is sought?
( ) On campus
( ) Off campus
( ) With parents
( ) Other: ________________________

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: ____________

EXPENSES:                      RESOURCES:
Tuition/FEes: $_________        Personal/Summer: $_________ PELL: $_________
Room/Board: $_________         Parent Contribution: $_________ SEOG: $_________
Books/Supplies: $_________     Spouse Contribution: $_________ SSIG: $_________
Transportation: $_________     Veterans’ Benefits: $_________ CWS: $_________
Personal: $_________           Stafford Student Loan: $_________ Perkins: $_________
Graduate: $_________           Other (Specify)        $_________
Out of State: $_________       ___________________________ $_________
Dependent allow: $_________    ___________________________ $_________

TOTAL EXPENSES $_________    TOTAL RESOURCES $_________

(Expenses minus Resources) $_________

Student need recommended to Department of Higher Education: ____________________________

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

________________________________________ Date

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
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