



SPECIAL SCHOLARSHIP
APS Hopi Scholars Program Application

Through a partnership with Arizona Public Service (APS), we are pleased to announce a unique scholarship opportunity entitled the APS Hopi Scholars Program. The program will provide eight \$3,500 scholarships for 3 seniors, 3 juniors, and 2 sophomores pursuing an AAS, AA, BA or BS at an accredited college or university for the Academic Year (AY) beginning Fall 2010. An additional eight scholarships will be available for AY 2011, and 2012. Applicants must apply each AY for consideration.

In addition to general eligibility requirements, students must submit a Special Scholarship Application and a 1 page essay regarding "Commitment to Community". The selected students must perform 40 hours of community service to the Hopi community before the start of the next AY. Applications will be competitively reviewed based on the criteria listed below. ***Final recipients will be chosen by a Selection Committee.*** If you have any questions please contact the HTGSP.

ELIGIBILITY REQUIREMENTS

1. APS Hopi Scholars Program Application
 2. Must be an ***enrolled member*** of the Hopi Tribe.
 3. Be a high school graduate or have earned a GED certificate.
 4. Be admitted to a regionally accredited college/university.
 5. Must have completed the Free Application for Federal Student Aid (FAFSA) and have applied for all federal, state, and institutional aid.
 6. Possess a ***Cumulative Grade Point Average*** (CGPA) of 2.50 at current institution attending.
 7. Must be a full time student (minimum of 12 credit hours/semester)
 8. Must be a Sophomore, Junior or Senior at a college/university
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REQUIRED DOCUMENTS

1. Official high school transcripts or Official GED scores (***Needs to be submitted only once***)
2. Official transcript from community college/university currently attending.
3. Program of Study (POS)
4. Financial Needs Analysis (FNA) Form
5. Essay (1 page single spaced 11 point font) – Essay topic "Commitment to Community: Reciprocity and Your Roles in Giving Back to the Hopi Community"
6. Verification of Enrollment Form

****Special consideration will be given for:**

1. Students pursuing degrees in Science, Technology, Engineering and Math (STEM) fields
2. Commitment to Community – Students will be given special consideration in the essay portion of the application.

These documents must be mailed from the institution to the HTGSP. ***ALL*** Transcripts must bear the official seal and be submitted in a sealed envelope. If you are a current HTGSP recipient you may already have some of the documents on file. Contact HTGSP to verify.

DEADLINE DATE
October 1, 2010

ALL DOCUMENTS MUST BE RECEIVED OR POSTMARKED BY THE DEADLINE DATE IN ORDER FOR APPLICATION TO BE REVIEWED. *Faxed or photocopied documents shall not be accepted with the exception of the Financial Needs Analysis (FNA), which must be mailed within ten (10) working days of faxed date.*

Grants and Scholarships Program
P.O. Box 123
Kykotsmovi, AZ 86039
800-762-9630 Toll Free Line
(928) 734-3542 Direct Line
(928) 734-9575 Fax Line



APS Hopi Scholars Program Application

Grants and Scholarship Program
P.O. Box 123
Kykotsmovi, Arizona 86039
(928) 734-3533 or (800) 762-9630
(928) 734-9575 FAX

Deadline Date:
October 1, 2010

ANSWER ALL QUESTIONS AND PRINT CLEARLY. READ, SIGN AND DATE THE APPLICATION.

Financial Assistance:

Terms applying for:

(XX) APS Scholarship

Fall 2010
Spring 2011

(XX) full-time
(XX) full-time

Name: Last _____ First _____ Hopi Enrollment No.: _____

Social Security No.: _____ - _____ - _____ Date of Birth: _____

E-mail address: _____ Sex: () Male () Female

Mailing Address:

Street/P.O. Box _____ City _____

State _____ Zip Code _____ Phone(_____) _____

Have you previously applied to HTGSP? () Yes () No If yes, semester/year applied: _____

High School attended/location: _____ Year Diploma/GED recd.: _____

College to be attended/location: _____

College Class Status (soph., junior, or senior): _____ Expected date of college graduation: _____

Degree currently pursuing (AAS, AA, BA, BS.): _____

Major: _____ Minor: _____

Please list all community colleges or universities attended (use additional page if necessary).

School	City/State	Sem./Yr. attended	Credits earned

Total Credit Hours Earned: _____

CONDITIONS FOR RECIPIENT:

- A. The recipient is responsible for submitting to the HTGSP a new application for each academic year to be considered for the APS Hopi Scholars Program.
- B. At the end of each **Fall semester**, all recipients must submit an official transcript or grade report by **January 31**. At the end of each **Spring semester** all recipients must submit an official transcript by **June 30**.
- C. Keep the HTGSP informed of student status, i.e. change of mailing address, name change, phone number, intention to withdraw or transfer etc.
- D. Recipients must complete each term at a minimum of 12 credit hours.
- E. Recipients shall maintain a 2.50 Cumulative Grade Point Average (CGPA) based upon course work at the institution of attendance.
- F. Recipients failing to maintain the appropriate CGPA and/or course load will be subject to termination and not eligible to re-apply.
- G. The recipient shall attend the institution specified in the award letter.
- H. The recipient shall be responsible for meeting other conditions as required by the APS Hopi Scholars Program.
- I. The recipient agrees to have their name, school, degree being pursued, and graduation announcement released in any press releases by the HTGSP and HEEF.
- J. The applicant's file is the property of the HTGSP. In order that the HTGSP disclose information regarding the applicant's status or award, the applicant must submit a signed Release of Information form specifying the individuals to receive information.

I hereby certify that the information on this application is true and correct to the best of my knowledge. I will accept and abide by all conditions in the aforementioned.. Furthermore, I give permission to the HTGSP to request and receive any information on my financial aid status and academic progress.

Signature of Applicant: _____

Date: _____

Verification of Hopi Indian Blood
for
Hopi Tribe Grants and Scholarships Program

PART I: MEMBERSHIP INFORMATION (To be completed by student and returned to HTGSP)

Student Name: _____ Other Last Name(s) Used: _____
Place of Birth: _____ Date of Birth: _____

Student Social Security No: _____ Father's Name: _____

Mother's Name: _____ Mother's Maiden Name: _____

(To be completed by the Hopi Tribal Enrollment Office)

PART II: VERIFICATION OF TRIBAL BLOOD ENROLLMENT

A. Is _____ blood degree of the Hopi Indian Tribe

B. a. _____ Hopi Tribal enrollment number _____

b. _____ is not enrolled with the Hopi Indian Tribe.

Is also _____ blood degree of the _____ Tribe/Race

Is also _____ blood degree of the _____ Tribe/Race

We can verify that he/she is not enrolled with the _____ Tribe(s) as of _____ (Date)

We are unable to verify non-enrollment with _____ Tribe(s) due to lack of information.

PART III: CERTIFICATION OF INDIAN BLOOD

A. I certify that this individual is _____ degree Indian Blood of a federally recognized tribe defined in 25 CFR Part 40.1.

Director, Office of Enrollment/Hopi Tribe

Date

B. I am unable to certify the blood quantum or enrollment status of this individual due to no records on file with the Enrollment Office/Hopi Tribe.

Director, Office of Enrollment/Hopi Tribe

Date

PRIVACY ACT and REDUCATION ACT STATEMENT

GENERAL: This information is provided pursuant to P.L. 93-579 (Privacy Act of 12/21/74)

AUTHORITY: The Bureau of Indian Affairs, Office of Indian Education Programs operates an educational system under the general authority of Chapter 115, Public Law 67-86, 42 Stat. 208(25U.S.C. 13) and Public Law 95-561.

PURPOSE AND USES: In accordance with the accountability required for the administration of funds appropriated for educational program, certain types of information is required. All records are maintained in strictest confidence and all information contained herein is considered privileged information solicited and the routine use of the information collected will be used solely in the planning, managing, providing placement of individuals and providing accountability for the educational services offered to individuals.

EFFECTS OF NONDISCLOSURE: Although furnishing personal information to this office is purely voluntary, failure to supply complete and accurate information may preclude beneficiaries from obtaining the educational services.

**The Hopi Tribe
APS Hopi Scholars Program
Financial Needs Analysis**

The Hopi Tribe Grants and Scholarship Program
P.O. Box 123
Kykotsmovi, Arizona 86039
(928) 734-3533 or (800) 762-9630
FAX # (928) 734-9575

Deadline Dates:
October 1, 2010

Part I - TO BE COMPLETED BY THE STUDENT

Send this form to your college or university financial aid office for completion.

Name: _____ Social Security Number _____ - _____ - _____
Last First Middle Initial

Address: _____
Street/P.O. Box City State Zip Code

Institution to be attended: _____
Name City/State

Funding request for:

Fall 2010
FT (XX)

Spring 2011
FT (XX)

I hereby give permission to the Hopi Tribe Grants and Scholarship Program to request and receive any information on my financial aid status and academic progress. I understand that I must apply for all federal, state and institutional aid before being considered for HTGSP aid. I also understand that I am responsible for seeing that this form reaches the HTGSP by the deadline date.

Student Signature

Date

PART II - TO BE COMPLETED BY THE FINANCIAL AID OFFICER

Return to the Hopi Tribe Grants and Scholarship Program. Initial any corrections. **Estimates not acceptable.**

Approved Student Budget () Dependent () Independent

Cost of Attendance based on:	_____ credit hours:	Resources:	
Tuition and Fees	\$ _____	Student Contribution	\$ _____
Books and Supplies	\$ _____	Parent Contribution	\$ _____
Room and Board	\$ _____	Spouse's Contribution	\$ _____
Personal Expenses	\$ _____	Veteran's Benefits	\$ _____
Transportation	\$ _____	Social Security	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____
Total Expenses:	\$ _____	Total Resources:	\$ _____

We have made the following awards:

	Applied For:	Awarded:	Amount
Pell Grant	Yes() No()	Yes() No()	\$ _____
S.E.O.G.	Yes() No()	Yes() No()	\$ _____
Work Study	Yes() No()	Yes() No()	\$ _____
Loans: _____	Yes() No()	Yes() No()	\$ _____
Tuition Grant	Yes() No()	Yes() No()	\$ _____
Other: _____	Yes() No()	Yes() No()	\$ _____
Other: _____	Yes() No()	Yes() No()	\$ _____
Total Awards:			\$ _____
Unmet Need (cost of attendance - [resources+awards]):			\$ _____

I recommend the student: () receive () not receive: Fall \$ _____ Spring \$ _____

This applicant () is () is not academically eligible for financial aid under the rules of this university/college (if student is ineligible for financial aid, please explain why).

Financial Aid Officer Signature Institution Telephone Date

Financial Aid Officer Name: (Please Print) _____ FAO E-mail address: _____