#_____

Education Higher Education Scholarship Application

Washoe Tribe of Nevada and California
1246 Waterloo Lane
Gardnerville, Nevada 89410
Phone: 775-782-6320 x 2808 – Fax: 775-782-6790

Applicant Higher Education Scholarship Guidelines

Application deadlines:

- Fall Semester: **August 1st**
- Spring Semester: **January 2nd**

Late applications will *not* be accepted.

Applicable Funding Areas Include:

- Tuition and fees
- Books and supplies
- Room and board *(if residing on campus only)*

Tribal Funding for Applicants Who:

- **Are** High School graduates or GED recipients pursuing higher education
- **Are** continuing higher education as an undergraduate with an acceptable Grade Point Average (GPA)
- **Have** obtained a Bachelor's degree, and after gaining work experience decide on another Bachelor's degree in a different field (with a limit of **two** Bachelor degrees).

Qualifications:

1. Must be enrolled with the Washoe Tribe
2. Have a High School Diploma or GED Certificate
3. Enrolled in a two-year degree or four-year degree program leading to an Associate's or Bachelor's degree
4. Applied for the Free Application for Federal Student Aid (FAFSA)
5. Enrolled as a fulltime student at least 12 units
6. Maintain a 2.0 GPA
7. For continuing students an unofficial transcript must be submitted to the Washoe Tribe Scholarship Department with the application.

#_____

WASHOE TRIBE HIGHER EDUCATON SCHOLARSHIP APPLICATION

Application for:

☐ Spring 2016 ☐ Fall 2016

Personal Information

Please Check One:

☐ New Applicant
☐ Continuing Scholarship Applicant
☐ Former/Returning Scholarship Applicant

_____
Last Name First Middle

Current Mailing
Address: _____
Street City State Zip Code
(*Note*: This address is the primary contact address to be used by the Washoe Tribe Scholarship Program)

Phone Number:_____E-mail:_____

Social Security Number: _____ Date of Birth: _____

Washoe Tribe Enrollment Number: _____ College ID #_____

High School Information

Did you graduate from high school? Yes ☐ No ☐ or GED ☐

Name of high school you graduated from:_____Year: _____

College/University you will be attending:

Name of College/University: _____

Mailing Address: _____
Street City State Zip Code

Have you previously received a Washoe Tribe Scholarship?
Yes ☐ No ☐ Last Received: _____

Intended Major: _____

Mark the semester you will be attending							
1	2	3	4	5	6	7	8

Do you anticipate on graduating this year? Yes ___ No ___

Expected Degree: AA ☐ AS ☐ BA ☐ BS ☐ Degree Earned: AA ☐ AS ☐ BA ☐ BS ☐

Important: Have you completed the FAFSA? Yes ☐ No ☐

Not meeting required Grade Point Average:

- **If** the student falls below the required 2.0 GPA they can continue their higher education and are still eligible to apply for the Higher Education Scholarship for one semester on probationary status.
- **If** the student falls below the required 2.0 GPA a second time, they will not be eligible for funding by the Higher Education Scholarship for the following semester. Instead, they will be required to finance their own education for one semester and submit to the Washoe Tribe Scholarship Program a transcript proving they have obtained the required 2.0 GPA for the unfunded semester. At that time, they will be eligible to apply for the Higher Education Scholarship for the following semester.

.

Allocated use:

- **If** the allocated funding is not used for the intended purpose, the student will be responsible for returning the entire funded amount back to the Washoe Tribe Scholarship Program.

Criteria for Applicants:

1. **Continuing** students must attach an unofficial transcript and submit upon completion of each semester or quarter to the Washoe Tribe Scholarship Program.

2. **Applicant** is responsible for gathering all information pertinent to their college of choice.

3. **Students** enrolled in online courses and who live off campus, will **not** be considered for room and board expenses.

4. **Students** who live within a 50 mile radius of their college of choice are considered local and will not be eligible for transportation.

5. **Students** who were denied funding from the Higher Education Scholarship have the right to appeal the decision.

I, _____ have read and understand the qualifications, conditions, and procedures of the Higher Education Scholarship Program and authorize a release of all documents pertinent to my scholarship application to the Washoe Tribe Scholarship Program. I understand that it is my responsibility to complete the application and attach all required document prior to submitting to the Washoe Tribe Scholarship Department. I also understand that if I'm denied funding from the Higher Education Scholarship, I have the right to an appeal hearing.

(**Note:** Any recommendations on your financial situation will be taken into consideration, however, that does not mean that you will receive the full amount of funding that you are requesting.)

_____

Student's Signature Date

#_____

Washoe Tribe of Nevada and California
Office of the Secretary/Treasurer
Tribal Enrollment Department
919 Highway 395 South
Gardnerville, Nevada 89410
Phone: 775-265-8600

Applicant Name_____

_____**FOR OFFICIAL USE ONLY**_____

The applicant_____ is_____ degree of Washoe blood quantum and an enrolled member of the Washoe Tribe of Nevada and California. His/her enrollment number is_____

_____
Secretary/Treasurer
Washoe Tribe of Nevada and California

_____
Date

#_____

Education Higher Education Scholarship Program

CAREER INTEREST QUESTIONNAIRE

Student Name: _____

Name of College/University Attending: _____

Please use a separate sheet of paper:

First Time Applicant Questionnaire for Washoe Tribe Higher Education Scholarship

1. What are your educational and career goals?
2. What will your major or minor be?
3. What are your plans after completing your higher education?
4. What can you contribute toward your college finances?
5. Will you be living on or off campus? Are your classes online?
6. Have you applied for other scholarships for this academic year?
7. Additional information you feel would be important for us to know.

Continuing Applicant Questionnaire for the Washoe Tribe Higher Education Scholarship

1. Are your educational goals being addressed at the college/university you are attending?
2. Are you receiving the proper education requirements for your future career goals?
3. Will you be living on or off campus? Are your classes online?
4. What is your major or minor?
5. List any barriers that could be preventing you from being on track to graduate (if applicable). Example: transportation, family, time management, etc.

Washoe Tribe of Nevada and California
Education Higher Education Scholarship Program
Financial Needs Analysis Form

Phone: 775-782-6320 x2808

Due Dates: Fall Semester August 1st, Spring Semester January 2nd

This form must be completed by the Financial Aid Office (FAO) of the college/university or institution the applicant wishes to attend. The applicant will be responsible for submitting this form to the Financial Aid Office.

FAO ONLY: Upon completion please mail, fax or email to:

Washoe Tribe Scholarship Program, 1246 Waterloo Lane, Gardnerville, NV 89460
Fax: 775-782-6892 or 775-782-6790
lpasqua@washoetanf.org / cbarnes@washoetanf.org

Applicant:

Applicant's Full Name: _____

Last 4 digits of SSN: _____ College ID#: _____

Semester Scholarship, Start Date: _____to End Date: _____

I authorize a release of all documents pertinent to my scholarship application to the Washoe Tribe Education Scholarship Program.

_____
Student's Signature

Date

Office of Financial Aid Only

Budget Period (Please Check One):

Fall Semester _____ Spring Semester _____ Academic Year _____

Cost of Attendance:		**Financial Aid/Other Resources:**			
Tuition/fees	_____	PELL Grant	_____	Parent Contribution	_____
Books/supplies	_____	SEOG	_____	Student Contribution	_____
Room/board (On campus only)	_____	Work-Study	_____	Institutional Scholarships	_____
Other explain	_____	Direct Student Loan	_____	Tribal Scholarships	_____
		Other Loans	_____	TANF/Supplemental Assistance	_____
		Other Scholarships	_____	Employer Assistance/ Scholarship	_____
Total Cost	_____	**Total Resources**	_____		

Financial Need (*Total Cost* minus *Total Resources*) is: _____

Financial Aid Administrator: _____Date: _____
Telephone: _____ E-mail:_____

Title: _____College: _____