



# Zuni Education & Career Development Center

PO Box 339 / 01 Twin Buttes Road

Zuni, NM 87327

☎ 505.782.5998/5909

☎ 505.782.6080

✉ zecdc@ashiwi.org

Website: [www.ashiwi.org/ZECDC/home.html](http://www.ashiwi.org/ZECDC/home.html)



## ZECDC Tribal Scholarship

The ZECDC Tribal Scholarship is a Need Based Scholarship and is supplemental to all other financial aid a student receives it is not considered an entitlement and is not automatically awarded based your enrollment with the Zuni Tribe. The following are steps in applying for the Tribal Scholarship. If you have specific questions about the scholarship please feel free to contact the Education Coordinator at (505) 782-5998 to schedule an appointment.

### Here are steps you need to follow when applying for the Zuni Tribal Scholarship:

**Step 1:** Call to schedule an appointment to complete an Intake Assessment at (505) 782-5998 or you can email your request to [zecdc@ashiwi.org](mailto:zecdc@ashiwi.org)

*Note: If you were previously funded or received services with the program, make sure your Intake is updated.*

**Step 2:** Apply for the Free Application for Federal Student Aid (FAFSA); if you need assistance with anything related to financial aid you are welcome schedule an appointment with the Education Coordinator.

**Step 3:** Ensure you meet the listed eligibility criteria before you apply:

- **Have a high school diploma or HI Set;**
- **Current college students must have Semester Grade Point Average (GPA) of 2.5**
- **Perspective Graduating High School Seniors must have 2.0 GPA**
- **Be an enrolled member of the Zuni Tribe**
- **Be admitted to accredited to a college/university**
- **Pursuing an Associates, Bachelors, or Graduate degree**
- **Current college students must be in good academic and financial aid standing with college/university**
- **Demonstrate a need; this is determined by the college/university financial aid office using FAFSA**

**Step 4:** Complete the ZECDC Tribal Scholarship Application. Submit application with support documents by the designated deadline date for the semester you applying for: Deadlines dates are applicable for any given year.

**Spring Semester – October 30 Summer Semester – April 30 Academic Year: Fall/Spring Semester – June 30**

New applicants (Freshman/New Students) must submit following documents:	Continuing students must renew application and submit the following documents:
<ul style="list-style-type: none"> <li>• High School Transcript or HI Set Diploma</li> <li>• Letter of Admission/Verification of enrollment to College/University</li> <li>• Financial Need Analysis; See attached form send to financial aid office</li> <li>• Degree Checklist; list of courses for your major-check in your student account for copy</li> <li>• Personal Statement-3 paragraph short essay</li> <li>• Purchase and Referred Care Student Health Form; (see attached form)</li> <li>• FAFSA Email Confirmation Page or SAR</li> <li>• Self Sufficiency Plan (SSP-see attached form)</li> </ul>	<ul style="list-style-type: none"> <li>• Renewal Application;</li> <li>• <b><u>Ensure Intake is Updated</u></b></li> <li>• Semester grades or official/unofficial transcript</li> <li>• Class schedule for the next semester;</li> <li>• Student Aid Report (SAR) or FAFSA Confirmation Page</li> <li>• Purchase Referred Care Student Health Form-updated annually</li> <li>• Financial Need Analysis; student responsible to ensure this is submitted to ZECDC</li> <li>• Updated Self Sufficiency Plan</li> </ul>

**Please Keep This Page For Future Reference**



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## ZECDC TRIBAL SCHOLARSHIP APPLICATION

### **Applicant Information:**

*Do Not Leave Any Section(s) Blank*

Term Applying for: Spring   20   Summer   20   Fall   20  

Indicate the following:  New Applicant  Returning Student/Transferring (1<sup>st</sup> time applying)

Name: \_\_\_\_\_  
Last First Mid initial

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Census#: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City State Zip Code

Permanent Mailing Address: \_\_\_\_\_

City State Zip Code

Which is your preferred mailing address?

Current Mailing  Permanent Mailing

\* Please make sure the phone number(s) you provide are working phone numbers, ZECDC may need to get contact with you. Which is your preference to contact you?

Email  Phone  Both

### **Education Information:**

High School Graduation Date: \_\_\_\_\_  
Month/Year

High School Name/Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate name of the College/University attending/currently enrolled: \_\_\_\_\_

College/University Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are a returning or transferring college student, what was your GPA? \_\_\_\_\_

Indicate what degree you are pursuing for your higher education:

Associate Degree  Bachelor Degree  Graduate Degree: \_\_\_\_\_

**Year in College:**

- Freshman (1<sup>st</sup> year) 1-32 hrs.       Sophomore (2<sup>nd</sup> year) 33-64 hrs.       Junior (3<sup>rd</sup> year) 65-97hrs  
 Senior (4<sup>th</sup> year) 98-128 hrs.       Graduate 128+ hrs.       Post Graduate

**Undergraduates:**

**Major:** \_\_\_\_\_

**Have you been admitted to your program?**

- Yes       No

If no, please explain: \_\_\_\_\_

**Minor:** \_\_\_\_\_

**Expected Graduation Date:** \_\_\_\_\_

**Graduates: (this refers to students who completed their undergraduate studies)**

**Last College Attended:** \_\_\_\_\_

**Degree Received:** \_\_\_\_\_ **Month/Year Received:** \_\_\_\_\_

**Graduate College attending/accepted to:** \_\_\_\_\_

**Major:** \_\_\_\_\_

**Expected Graduation Date:** \_\_\_\_\_

**Personal Statement:**

A personal statement is required to determine how to support your educational endeavors and how you plan to give back to the Zuni community and how the ZECDC Tribal Scholarship will benefit you. Your personal statement should reflect your goals and commitment to completing your desired degree program. Here are some areas to consider as you complete your personal statement:

- **Educational Goals:** Tell us about your educational goals, your commitment to give back to your Zuni community and ZECDC program?
- **Commitment:** Describe your personal commitment and dedication to complete your degree program.
- **Employment Goals:** How does the degree you are pursuing reflect on your career goals and/or personal goals?
- **Other:** Include any personal achievements (participation in civic or clubs/organizations, academic, etc.) that you would like ZECDC to know about.

**Your personal statement must be a typed concise three (3) paragraph statement and must be signed.** Your statement gives a glimpse of your character as a person and helps ZECDC to understand your commitment in completing your higher education goal. If you need assistance or have questions, please feel free to call (505) 782.5998/5909.

As an applicant of the ZECDC Education Program, I agree, commit, and understand it is my responsibility to adhere to the following:

**STUDENT AGREEMENT, COMMITMENT & RESPONSIBILITIES**

- I understand that the tribal scholarship is supplemental funding and is determined based on unmet need basis. I also understand that the FAFSA is used determine my need.
- I will also use scholarship funds awarded for cost of attendance related expenses only, and I will not solely depend on the scholarship to cover the cost of tuition, room board, fees, or books.
- I agree to apply for other scholarships to help defray the cost of my educational expenses.
- I understand that it is my responsibility to ensure that I keep my Intake current and understand that if it is expired that my determination for an award will be delayed until I schedule and follow through with an updated Intake.
- I agree and commit to maintain a **2.5** on a 4.0 grade point scale and complete the coursework I registered for in order to be eligible for the Tribal Scholarship.
- I agree to complete and renew my FAFSA annually and follow up with any other documents with my college/universities financial aid office may require.
- I agree to set up a payment agreement/arrangements with the college/university's bursars office for any balances that I may incur after my financial aid is disbursed so I will not get dropped from my classes.
- I understand that the tribal scholarship will be last financial aid that will be credited to my account which will be applied for any balance I owe to the college/university.
- I will be responsible in renewing my tribal scholarship application and agree to submit all support documents by the established deadline dates.
- I agree to submit a copy of my final semester grades *before/by* the following dates: **Spring Semester – May 30, Summer Semester – July 30, Fall Semester December 30.**
- I understand probation will become effective immediately following the next term/semester if I fail to meet the semester GPA requirement, or fail to complete the coursework.
- I will be responsible and agree to contact the program regarding any changes such as: enrollment, major, financial aid, admissions, or other circumstances related to school.
- I agree to notify ZECDC about my status related to completing my degree and employment information as soon as I fulfill these goals.

**Certification of Application & Acknowledgment of the Student Agreement, Commitment and Responsibilities**

I certify that the information contained in this application is true and correct to the best of my knowledge. By signing, I acknowledge my understanding of my commitment and will adhere to my responsibilities to ensure my eligibility for continued funding is met. I also understand if I falsify any information on my application may result loss or denial of scholarship funds.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

cc: Student



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## FINANCIAL NEED ANALYSIS

Name: \_\_\_\_\_ Social Security #/Student ID: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_  
 Signature: \_\_\_\_\_ School Name: \_\_\_\_\_

**I certify that my signature gives consent and authorization for the release of my financial aid data for the purpose of allowing ZECDC Education to determine my tribal scholarship award.**

## FINANCIAL AID OFFICE USE ONLY

Budget for Academic Year: \_\_\_\_\_ SAP Status: \_\_\_ Yes \_\_\_ No Appealed SAP: \_\_\_ Yes \_\_\_ No  
 DEP/INDEP: \_\_\_\_\_ CUMHRS: \_\_\_\_\_ YRINSCH: \_\_\_\_\_ CGPA \_\_\_\_\_ SEM GPA: \_\_\_\_\_ EFC \_\_\_\_\_

Incomplete Financial Aid File- Student lacks the following:

Tuition/Fees	
Room/Board	
Books/Supplies	
Transportation	
Personal Exp.	
Other	
<b>Total</b>	

**FNA Deadlines: Fall Semester-June 30, Spring- October 30 & Summer Semester- April 30<sup>th</sup> (applicable in any given year) It is the student's responsibility to submit this form to financial aid and follow up to ensure ZECDC receives it by the deadline date.**

	Summer	Fall	Spring	Total
Parent Contribution				
Student Contribution				
Awards: Pell				
SEOG				
SSIG				
Work Study				
Stafford Loan				
Unsub. Stafford Loan				
Perkins Loan				
Success Scholarship				
Other Scholarships				
<b>Total Resources:</b>				

Unmet Need: \_\_\_\_\_ Recommended Tribal Award: \_\_\_\_\_

I certify that the listed student has applied for and has been considered for federal and state need based financial aid and is eligible to receive the listed awards above.

Student is not eligible for federal/state financial aid - failure to maintain satisfactory academic progress.

Reviewed by FAA: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## ZECDC OFFICE USE ONLY

Funding Approved for: \_\_\_ 20 \_\_\_ Summer Semester \_\_\_ 20 \_\_\_ Fall Semester \_\_\_ 20 \_\_\_ Spring Semester  
 Maximum Allowed: \_\_\_\_\_ Unmet Need: \_\_\_\_\_ Tuition/Books: \_\_\_\_\_ Books: \_\_\_\_\_

Books/Transportation: \_\_\_\_\_ Other/Loan Replacement: \_\_\_\_\_

Reviewed/Determined by: \_\_\_\_\_ Concurred by: \_\_\_\_\_

Education Coordinator

ZECDC Case Manager/Staff



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## PRIVACY STATEMENT FORM

The Privacy Act of 1974 requires each Federal Agency that maintains a system of information on individuals to inform these individuals as to:

1. The authority (whether granted by statute or by executive order of the President) which authorizes the solicitation of the information, and whether disclosure of such information is voluntary or mandatory;
2. The principal purpose(s) and intent for which the solicited information is to be used;
3. The routine uses which may be made of the information, as published, pursuant to Paragraph 4 and;
4. The consequences, if any, of not providing all or any part(s) of the requested information.

The Bureau of Indian Affairs Higher Education Assistance Program operates under the general authority of 24 USC Chapter 13, 42 Stat. 208 P.L. 67-85 with specific legislation contained in Administration of Educational Grants and other assistance for Higher Education; and now in consolidation with Zuni Education and Career Development Center.

In accordance with the accountability required for the administration of funds appropriated for the Zuni Education and Career Development Center, and in order to provide services to recipients, and to declare eligibility, certain information is required for all applicants. This form solicits the required information.

Use of personal data will be available to authorized sources upon request. Data includes financial aid, academic records, and class schedules. The applicant should understand that the intent of collecting and maintaining this data, on individuals is for determining eligibility of the applicant, and to provide the means for producing certain statistical records required of the Zuni Education and Career Development Program.

**I have read the statement with the application form. I hereby provide the required information and authorize the release of information to the extent of the purposes specified in this statement.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
ZECDC Signature

\_\_\_\_\_  
Date



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## Family Education Rights and Privacy Act (FERPA)

Under the provisions of the Family Education Rights and Privacy Act of 1974, students have the right to allow or deny ZECDC to disclose student education records, either academic or financial. It is the policy of ZECDC to not disclose personally identifiable information contained in our student's educational records unless the student has consented to disclose or FERPA allows disclosure.

### EDUCATIONAL RECORD

Private information, such as grades, class schedules, the status of student's tribal scholarship award and financial aid awards may not be released without express consent from the student. By completing this form, you are requesting and giving consent to ZECDC to disclose personally identifiable information related to your education record/tribal scholarship status to specified third party.

### DESIGNATED RECIPIENT AND STUDENT RECORDS TO BE RELEASED:

If you are funded under the ZECDC Education Program under the Tribal Scholarship or Job Placement Training Program and need to release student records such as financial aid (financial needs analysis, Student Aid Report, status of tribal funding i.e. amounts, process status) grades, schedules, progress reports you will need to list to whom ZECDC can release information to.

### DESIGNATED RECIPIENT:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

I do not need to designate anyone at this time

I acknowledge by my signature that I understand that I am giving my consent to release the designated information to the above named person(s). I understand that this release will remain in effect unless I submit a written statement informing ZECDC to revoke this consent. I agree to release and hold harmless ZECDC and its employees, affiliates, or other partners thereof from any claim arising from such disclosure information.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature \*

\_\_\_\_\_  
Date

\*Only required if student is under 18 years' old

### WITNESS/ACKNOWLEDGEMENT OF RECEIPT ZECDC:

\_\_\_\_\_  
ZECDC Case Manager/Staff

\_\_\_\_\_  
Date

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Disclosure comments: \_\_\_\_\_

# PURCHASED REFERRED CARE STUDENT HEALTH FORM

\*\*Revised 11/2017

NOTE: PART A required of the student for IHS use in determining eligibility for payment of medical care through the Purchased Referred Care Prg

## PART A: COMPLETED BY STUDENT

Semester \_\_\_\_\_ Last Sem completed \_\_\_\_\_  
( ) New Student ( ) Returning Student Enrolment status: (FULL TIME /PART TIME)  
( ) Classes on campus ( ) Classes Online ( ) Training \_\_\_\_\_

### STUDENT NAME:

Last \_\_\_\_\_ First \_\_\_\_\_ Mid Initial \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Agency/Tribe: \_\_\_\_\_ Census # \_\_\_\_\_ Social Security# \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

Address while at school: \_\_\_\_\_ Telephone: \_\_\_\_\_

### NAME OF SCHOOL:

\_\_\_\_\_

School Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Educational Funding: ( ) Zuni Educ. Scholarship ( ) Job Placement & Training ( ) Other/Ramah SETS

What PHS Indian Health Facility have you received services from in the past? (i.e., ZPHS, GIMC, ASU, etc.)

\_\_\_\_\_ Last Visit: \_\_\_\_\_ Insurance: \_\_\_\_\_

Please provide names of dependents who will accompany you while your in school: If no dependents, leave Blank  
Name(s) \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Tribe/Census # \_\_\_\_\_

## PART B: IHS USE ONLY

I understand that **THIS IS NOT AN AUTHORIZATION FOR MEDICAL CARE.** I have received an Introduction to the IHS/PRC Program with a member of the PRC Staff and fully understand the rules and regulations set forth and understand my responsibilities when seeking PRC services and that any false Information provided will result in denial of services. I authorize the ZIHS/PRC staff to contact the school for enrollment verification, if necessary.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ PRC Signature \_\_\_\_\_ Date \_\_\_\_\_

### CERTIFICATION

The above named student certifies he/she lives on or near the \_\_\_\_\_ Indian Reservation. Verify if this individual lives on or near his/her Indian Reservation, in accordance with 42 CFR, Part 36, Contract Health Services.

- ( ) Lives on or near his/her Indian Reservation, in accordance with 42. CFR.  
( ) Does not live on or near his/her Indian Reservation, in accordance with 42. CFR.

Name/Title of Certifying Official: \_\_\_\_\_ Date: \_\_\_\_\_  
IHS CEO or Administrative Officer

IHS Facility Address: Zuni Indian Health Services POBx 467 Zuni, New Mexico 87327  
Telephone Number: (505) 782-7346/7347/7348 FAX: (505) 782-7551

PRC USE ONLY:		Comments:
Spring _____	Full-Time Part-Time	_____
Summer _____	Full-Time Part-Time	_____
Fall _____	Full-Time Part-Time	_____



Next Renewal Date: \_\_\_\_\_

Name: \_\_\_\_\_

Services Receiving :  TANF  GA  CRT  Scholarship  
 Child Care  HiSet/ABE  Other: \_\_\_\_\_

Current Activity: \_\_\_\_\_  Exempt

If Student Degree/ Certificate Major: \_\_\_\_\_

Expt. Grad. Date: \_\_\_\_\_

# Self Sufficiency Plan



## OVER ALL GOAL/LONG TERM GOAL

Where do you see yourself in a few years from now? How do you see yourself supporting yourself/your family?

\_\_\_\_\_



STEPS TO TAKE



TOWARDS LONG TERM GOAL



1-3 Month Plan Date: _____ to _____	3-6 Month Plan Date: _____ to _____	Barriers/Challenges
Step 1: Step 2: Step 3: Step 4: Step 5:	Step 1: Step 2: Step 3: Step 4: Step 5:	1. 2. 3.  <b>Services Request</b>

I understand and agree to comply with my plan as an effort to achieve independence through education, job training, support services, and employment. By signing this form, I understand that any failure to abide by the terms of this plan and contract can result in sanction, suspension, and or termination from all ZECDC Services and benefits.

Participant's Signature: _____	Date: _____	Case Manager's Signature: _____	Date: _____
Director's Signature: _____	Date: _____	<b>Comments:</b> _____	

**BE SMART**  
About your plan!!

**S**- Specific  
**M**-Measurable  
**A**- Achievable  
**R**- Realistic  
**T**- Time bound

Office Use Only

Review Date: \_\_\_\_\_

Plan Progress Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reviewed By \_\_\_\_\_