



PUEBLO OF ZUNI *Education & Career Development Center*

PO Box 339 / 01 Twin Buttes Road

Zuni, NM 87327

PH: 505.782.5998/5909

FX: 505.782.6080

Email: ZECDC@ashiwi.org

Website: www.ashiwi.org/ZECDC/home.html



Zuni Tribal Scholarship

The Zuni Tribal Scholarship is to provide supplemental assistance to eligible applicants entering accredited post-secondary educational institutions. The scholarship is based on eligible UNMET NEED and is not considered an entitlement.

Applicant must complete a program intake and Free Application for Federal Student Aid (FAFSA) PRIOR to applying to be considered for scholarship eligibility. IF, you are currently a scholarship recipient with the program, your information is required to be updated once a year (see Renewal Application). Intakes need to be updated every year after your first initial intake to continue receiving the scholarship. Upon completion of the intake and application process, a Self-Sufficiency Plan (SSP) must be completed. The SSP outlines the goals and objectives of the participant.

If at any time you need help with applying for FAFSA, need financial advisement, transferring and/or applying for admission, and/or career guidance. Please schedule an appointment with our Higher Education Coordinator. Our Higher Education Coordinator is here to help with any continuing educational questions or concerns.

Intake appointments and advisement from the Higher Education Coordinator may be scheduled by calling (505) 782.5998/5909.

Required documents to be submitted with completed application:

- High School Diploma for entering college freshmen; Official or unofficial transcripts for transferring college students;
- Letter of admissions (NEW or TRANSFER applicant) – undergraduate students must be officially and fully admitted to a post-secondary institution. Enrollment verification will be requested from students who do not have a Letter of Admissions;
- Student Aid Report (SAR) – Copy must be provided, a student aid report is the result of your FAFSA application ;
- Financial Need Analysis – this form must be submitted to the Financial Aid office of the post-secondary institution which you will be attending. The financial aid office must complete and return to our office before the deadline;
- Official or Unofficial transcripts;
- Class Schedule
- Program Degree Check list
- Personal Statement
- Student Health Form

DEADLINE TO SUBMIT ALL REQUIRED DOCUMENTS WITH APPLICATION:

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

Submit your completed application and required documents by postal mail or hand deliver to:

Zuni Education & Career Development Center (ZECDC)

ATTN: Higher Education

PO Box 339

01 Twin Buttes Road

Zuni, NM 87327

OR BY EMAIL

ZECDC@ashiwi.org

IF, emailing your application with required documents, please send the application and supporting documents as a PDF file.

**Faxed Applications WILL NOT be accepted.
Application must be postmarked ON or BEFORE deadline.
NO EXCEPTIONS FOR LATE DOCUMENTS.**



Zuni Tribal Scholarship Application



Term Applying for: Spring 20 Summer 20 Fall 20

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

Applicant Information:

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

With the provided phone numbers, please make sure they are working phone numbers as ZECDC may need to get in contact with you. For any reason ZECDC does need to get in contact with you, which is the best way to get in contact?

Email Phone Both

Education Information:

High School Graduation Date: _____
Month/Year

High School Name/Address: _____

Indicate the name of the College/University you will be attending:

College/University Name/Address: _____

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

Indicate what you are pursuing for your higher education:

- Associate Degree 1st 2nd
- Bachelor Degree 1st 2nd
- Master Degree
- Other: _____

Year in College:

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

Undergraduates:

Major: _____ Program admitted w/college or university
Type of degree you plan to receive:
A.A.S A.S A.A BA BS
Other: _____

Minor: _____
Expected Graduation Date: _____

Graduates:

Last College Attended: _____
Degree Received: _____ Month/Year Received: _____
Graduate College attending/accepted to: _____
Major: _____
Expected Graduation Date: _____

Personal Statement:

As a part of your application process you are required to provide a personal statement as to why you are seeking the Zuni Tribal Scholarship. Your personal statement should reflect upon your attitude and commitment to completing your desired degree program. Here are some but not limited to ideas that you should ask yourself to include in your personal statement:

- **Educational Goals:** The degree you plan to earn, will you use that degree to come back and help your Zuni community?
- **Commitment:** Describe your personal commitment to complete your degree program.
- **Employment Goals:** How does the degree you are pursuing reflect on your career goals and/or personal goals?
- **Other:** Any personal achievements.

This statement is a short, three (3) paragraph (typed) document that allows ZECDC to understand your commitment towards completing the higher education in which you are interested in pursuing. If you need assistance, please call (505) 782.5998/5909.

Certification of Application:

As part of applying for the Zuni Tribal Scholarship you are agreeing to the eligibility criteria:

- Must maintain a 2.0 or higher GPA per semester *(GPA Requirement subject to change, per approved ZECDC plan)
- Must be enrolled in 6 or more credit hours per semester
- Courses taken must be in accordance to program degree checklist

I acknowledge that a copy of my final semester grades, current class schedule and Financial Need Analysis (FNA) are due on the following dates:

- **Spring semester – May 30 Summer semester – July 30 Fall semester – December 30**

I certify that the information contained within this application is true to the best of my knowledge. I understand that misrepresentation of fraudulent information may be grounds for loss of scholarship funds and IF funded repayment. I understand that I will report any changes to ZECDC at such time changes have been made within the semester. I understand that I must provide a copy of my semester final grades and next semester class schedule to ZECDC as indicate above.

Print Name

Signature

Date

**Faxed Applications will not be accepted.
Application must be postmarked on or before deadline
NO EXCEPTIONS FOR LATE DOCUMENTS**

As an applicant to the Zuni Education and Career Development Program I agree to the conditions set forth if funded:

MEMORANDUM OF AGREEMENT

- I understand that the scholarship funds are supplemental monies funded on unmet need.
- I agree to maintain a 2.0 on a 4.0 grade scale to be eligible for scholarships.
- I will be responsible to submit my application and documents on a timely manner.
- I will fulfill my **Part-Time** or **Full-time** enrollment each semester and submit midterm and final grades as soon as they are available.
- If I do not fulfill my part-time or full-time status and/or fall below the required 2.0 Cumulative Grade Point Average during the term I am funded, that I understand adjustments or probation will become effective immediately following the next term/semester.
- I will have direct contact with the program for any changes: enrollment, program, financial aid, admissions, or other circumstances related to school.
- I will review the guidelines to better understand the policies and procedures.
- I will provide graduation and employment information as I fulfill these endeavors.
- I understand that by providing false information I will be denied scholarship application.
- I will use scholarship funds awarded to me under the Zuni Education and Career Development Center solely for educational expenses.

I certify that the information on this application is true and correct to the best of my knowledge and give consent to the release of this information to pertinent agencies to complete my financial aid package.

Student Signature

Date

ZECDC Signature

Date

Cc: Student



FINANCIAL NEED ANALYSIS

PUEBLO OF 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



Name: _____
Address: _____
Signature: _____

Social Security #: _____
Fall 20____ Spring 20____ Summer 20____
School Name: _____

FINANCIAL AID OFFICE USE ONLY

Budget for SCHYR: _____

DEP/INDEP: _____ CUMHRS: _____ YRINSCH: _____ CGPA _____ SUMMER _____ EFC _____

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

Incomplete Financial Aid File- Student lacks the following:

	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				
Total Resources:				

Unmet Need: _____ Recommended Tribal Award: _____

I certify that the above name individual has applied for and been considered for both federal and state need based financial aid.

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: _____

ZECDC OFFICE USE ONLY

Funding Approved: Fall \$ _____ Spring \$ _____ Summer \$ _____

Reviewed By: _____

PURCHASED REFERRED CARE STUDENT HEALTH FORM

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

PART A: COMPLETED BY STUDENT:

() New Student () Returning Student Semester _____ Last Sem. Completed _____
ENROLLMENT STATUS: (FULL TIME / PART TIME)

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 () Employment Assistance () Other/Private Scholarship

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

_____ Last Visit: _____

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 reviewed the CHS Pamphlet (An Introduction to the IHS/CHS Program) with a member of the CHS Staff and fully understand the rules and regulations set forth and understand my responsibilities when seeking CHS services.

Student Signature Date

CHS 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

ZECDC or SCHOOL PROGRAM USE ONLY

VERIFICATION

Major Course of Study: _____ No. of credit hours enrolled: _____ Semester: _____

VERIFICATION of enrollment: _____

Name and Title

Date

CHS USE ONLY:

Spring _____	Full-Time	Part-Time	Comments: _____
Summer _____	Full-Time	Part-Time	
Fall _____	Full-Time	Part-Time	