



Pueblo of Zuni – Education & Career Development Center (ZECDC)
 P.O. Box 339 / 01 Twin Buttes Road /Zuni, NM 87327
 505.782.5998/5909
 FAX: 505.782.6080
 Email: ZECDC@ashiwi.org
 Website: www.ashiwi.org/highered/zecdhome.htm



Zuni Tribal Scholarship – RENEWAL

The Zuni Tribal Scholarship Renewal Application is for continuing students that are currently receiving the Zuni Tribal Scholarship. The renewal application is required every academic year which applies to Fall and Spring semesters. If you miss the deadline to submit your renewal application for the academic year you will reapply until the next deadline to apply. In addition to the renewal application please submit the following: semester grades, schedule for the following semester, financial needs analysis, a copy of your Student Aid Report (SAR) or FAFSA Confirmation page and Self-Sufficiency Plan (SSP). Please ensure your Intake is updated.

DEADLINE DATES FOR SUBMITTING RENEWAL APPLICATION:

Spring Semester – **October 30**
 Summer Semester – **April 30**
 Fall Semester – **June 30**

RENEWAL APPLICATION FOR CONTINUING STUDENTS

Term Applying for: Spring _____ Summer _____ Fall _____

Updated Information:

Name: _____ SS#: _____
Last First Mid initial

Home Phone #: () _____ Cell Phone #: () _____ Date of Birth: _____
 Age: _____

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 ensure the phone numbers provided are current working phone numbers. Which is your preference to be contacted?

- Email Phone Both

Are you still attending the same College/University from the last semester?

- Yes No If No, indicate Name/Address of the new College/University you are attending.

College/University Name/Address: _____

Current Major: _____ Year in College: _____ Expected Date of Graduation: _____

Have you changed your major from when you first applied for the Zuni Tribal Scholarship?
 No Yes **If yes, indicate your new major and please provide new degree check list**

New Major: _____

Is your Intake with ZECDC current?

No Yes **If No, please make time to call to schedule an update.**

Date of last Intake: _____

Certification of Application:

A part of renewing your Zuni Tribal Scholarship you agree to comply with the eligibility criteria:

- ZECDC Intake is updated annually and is current at the time of renewing your application
- Self Sufficiency Plan (SSP) is current
- Maintain a **2.5 Semester GPA** (Grade Point Average) or higher
- Enrolled for a minimum of 6 credit hours or maximum of 12-18 credit hours per semester
- Course work enrolled and completed is in accordance to your program degree checklist
- Must not be in SAP (Satisfactory Academic Program) status

I agree to submit my final grades at the end of each semester, current class schedule and Financial Need Analysis (FNA) by the following due date:

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

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 it may result loss or denial of scholarship funds.

Print Name

Signature

Date

Application sent via postal mail must be postmarked on or before deadline

**Submit your applications to:
Zuni Education & Career Development Center (ZECDC)
Attention: Education Program
PO Box 339
01 Twin Buttes Road
Zuni, NM 87327**

If you choose to email your application and documents, please send the application and documents as a PDF file email to: ZECDC@ashiwi.org

***FAXED or SCREEN SHOT APPLICATIONS WILL NOT BE ACCEPTED AND
NO EXCEPTIONS WILL BE MADE FOR LATE DOCUMENTS***

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

STUDENT AGREEMENT, COMMITMENT & RESPONSIBILITIES

- I understand that the scholarship funds are supplemental monies funded on unmet need basis; 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 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 will be responsible and agree to submit my renewal application and support documents by the established deadline dates.
- I agree to submit a copy of my final semester grades, current class schedule and Financial Need Analysis (FNA) are submitted *before/by* the following dates: **Spring Semester – May 30, Summer Semester – July 30, Fall Semester December 30.**
- I understand adjustments or 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 am responsible and agree to submit my midterm, final grades, and schedule at the end of each semester or as soon as they are available.
- 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 will be responsible for ensuring that my Intake is updated annually and will call to schedule an update and agree to keep my scheduled appointment and submit all required documents within 10 business days.
- I will review the student handbook/guidelines to better understand what is required in order to continue to be eligible for funding.
- I agree to provide graduation and employment information as soon as I fulfill these goals.
- I understand that by providing false information I may be denied funding and suspended from the program.

Certification of Application

I certify that the information contained in this application is true to the best of my knowledge. I understand that any misrepresentation of information provided may be grounds for loss of scholarship funds. I understand that I will report any changes to ZECDC that occur within the semester.

Print Name

Signature

Date



PUEBLO OF ZUNI Education & Career Development Center

PO Box 339 / 01 Twin Buttes Road
Zuni, NM 87327

☎ 505.782.5998/5909

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✉ zecdc@ashiwi.org



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	
Total	

FNA Deadlines: Fall Semester-June 30, Spring- October 30 & Summer Semester- April 30th (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				
Total Resources:				

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

Zuni Indian Health Service
P.O. Box 467 Zuni, NM 87327
Phone: 505-782-7348
Fax# 505-782-7551

**Purchased Referred Care (PRC)
Program Rules & Regulations
Student Checklist**

- All available nearby Indian Health Hospitals within a 90 mile radius should be utilized** for all **non-emergent services** before any private facilities, unless, a life threatening situation arises where it would be impractical.
 - If IHS not available, non-emergent services to a private facility must be authorized prior to a visit, with notification to PRC 1 week in advance of a scheduled appointment. If no appointment is made, appointment should be scheduled *after* approval is given by our office.

- Emergency Services** received from a private (non-Indian) facility must be reported to Purchased Referred Care within **72 hours** (three calendar days), by you, a family member, friend, hospital, or anyone acting on your behalf.
 - If notification is NOT received within 72 hrs, payment may be denied and you will be responsible for payment.
*Confidential voice mail available for you to leave a message during the weekends or after working hours.

- Students:** The following must apply in order to be eligible for Purchased Referred Care.
 - Must have full-time attendance to programs of vocational, technical, or academic education.
 - Must be enrolled in each semester (fall/spring) for the entire school term, in order to stay Eligible.
 - If enrollment status changes to part-time or if dis-enrolled from school and still residing off reservation, PRC will only cover student for 6 months (starting on the day changes became effective). After 6 months, If still not enrolled as a student, eligibility will end and any medical services received will be your responsibility for payment.
Changes must be reported to PRC.

- Temporary absent from permanent residence**
 - Students are eligible during their absence as full time students.
Individuals who are on travel, temporarily employed or seasonal employees are eligible during their absence if does not exceed 6 months.

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:

Spring _____ Full-Time Part-Time

Summer _____ Full-Time Part-Time

Fall _____ Full-Time Part-Time

Comments: _____