

Burns Paiute Tribe

100 PASIGO STREET BURNS, OR 97720
PHONE (541) 573-2088
FAX (541) 573-2323

Higher Education & Adult Vocational Training Application Instructions

Introduction:

Please read the General Information and the following Instructions before completing this application. You, the applying student, are responsible for all information within this application. It must be complete before the Education Department staff reviews the application.

To be eligible to apply an applicant must be an enrolled member of the Burns Paiute Tribe, a High School Graduate or have earned a General Equivalency Diploma. Be accepted for enrollment in an accredited institution or higher education facility for which this application is designed, and demonstrate a financial need.

You should have already started the process for your Federal Financial Aid. The information obtained from the Financial Aid Office of your institution is a requirement of this application.

General Information:

1. A complete application for Higher Education will be submitted each academic year by the following date. It is the student's responsibility to apply timely. There will be no exceptions.

- Fall Quarter/Semester July 20
- Winter Quarter/Spring Semester July 20
- Spring Quarter July 20

A complete application for Adult Vocational Training (AVT) shall be complete no less than 30 days prior to the first day of class. If you are applying for AVT there will be additional information requested from you including an appointment with the Education Specialist regarding your request. Any AVT application received in the office after the 30-day time frame will not be considered for funding until the next funding period. This requirement is due in part to how this funding is allocated to the institution and / or student.

Note: A student will not be allowed to go from an Adult vocational Training program to a Higher Education program unless the student has worked in the AVT field of study for a minimum of 12 months.

2. An application, complete or incomplete, received after the above listed time frame will not be funded.
3. An application complete or incomplete, which is received after the start of the term, will not be funded.
4. Every Undergraduate Student is required to apply for Federal Financial Aid and submit a copy of the award or denial letter to BPT Education Specialist.

Instructions: Complete all sections, 1-6. Leave no blank areas.

Section 1 – individual information

Complete entire section: If you do not have a telephone number leave a good message number. It is the student’s responsibility to maintain a current address and telephone number with this Department. If you have an e-mail please list the address you wish us to use while you are at school/training.

Section 2 – Scholastic information

Complete entire section: Indicate either Academic Year, or Special Term, or Start Date, do not indicate all three. You will need to provide a mailing address for your selected training institution and a contact person with phone number.

Section 3 – Statistical

Complete entire section: If other services are being rendered to you through the Burns Paiute Tribe list them in this section. Some services may be affected by this application. The Department will work with others departments regarding this application if it is deemed appropriate.

Section 4 – Prior Program Use

Complete entire section: If you attended more than one school in the past use the back of the application form and include all information requested on this application.

Section 5 – Signature Section

Complete entire section: **READ CAREFULLY BEFORE YOU SIGN.** You are responsible and failure to comply with any part of this section may lead to a denial or suspension of benefits. You will be held responsible for contacting the Burns Paiute Tribe Education & Employment Department prior to any changes in the signature section.

Scholarship Agreement you will need the following information to complete this area.

<u>Undergraduates</u>	<u>Credit Hours</u>
Full Time	12 +

If you are an Undergraduate you are required to maintain a 2.0 per term and cumulative Grade Point Average based on a 12 Credit hours.

Section 6 – Release of Information and the Statement on Privacy

Complete entire section: **READ CAREFULLY BEFORE YOU SIGN.** This will release any information regarding your application, including releasing it to other Tribal Programs.

FORMS

Prior to submitting your application the **Tribal Enrollment Verification** and the **Financial Needs Analysis Summary** forms must be completed by the appropriate personnel. Return the completed forms with the proper signature(s) to the Burns Paiute Tribe Education & Employment Department.

Tribal Enrollment Verification

Read the form carefully completing which program you are applying, your full name, Tribal Affiliation, and date of birth. The Enrollment Officer need not have signed this form when you submit the application. The Education and Employment Department can have the form completed by the Enrollment Officer, if all information requested is on the form with your signature.

Financial Needs Analysis Summary

This form must have the student's and the financial aid officer's signature to be deemed complete. The student must complete the entire top section of this form and submit the form to the Financial Aid office of the institution, which they plan to attend.

Submit the financial Needs Analysis summary form to your Financial Aid Office for completion. If your student Aid Report (SAR) is not yet complete the institutions Financial Aid Office cannot complete this form. You will need to request that the institution place your Summary Form in your student file until the federal aid process is complete.

When the financial Aid Office has completed your Financial Needs Analysis Summary; the form can be sent by FAX or mail to the following:

Burns Paiute Tribe
Education & Employment Department
100 Pasigo Street
Burns, OR 97720
Or fax to 541-573-5565

You must submit a copy of the Financial Aid Award or Rejection Letter to the Education & Employment Department when you have received it.

Required Additional Forms

- Letter of Acceptance from the college
- Grade transcripts from High School or Scores from GED testing
- Official Transcripts from the last college or colleges attended, if applicable
- Personal letter outlining educational goals and expected date of graduation
- Copy of financial Aid Award/Rejection Letter from the Financial Aid Office of the institution you are attending
- Copy of the formal registration/class schedule
- Proof of application for other scholarships

Note: If a student deems appropriate any person other than himself or herself have access or information regarding their student file, the student must send written permission to be placed on file each academic year.

A completed application will be sent to:

Burns Paiute Tribe
Education & Employment Department
100 Pasigo Street
Burns, OR 97720

If you have any questions regarding this application or its process please contact the Education & Employment Department at the above address or telephone:
1-541-573-2088 ext. 236

Application Checklist

The following is a general list of all items to be submitted with your application. An incomplete file will be returned to the address listed by the applicant.

Application

- Higher Education Award Application
- Enrollment Verification
- Needs Analysis Summary
- Release of Information
- Signature Section
- Release of Information & Privacy Statement Signature Form

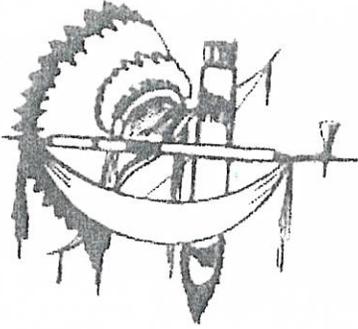
Additional Information

- Letter of Acceptance from College
- Personal Letter of Educational Goals
- Copy of Financial Aid Award/Rejection
- Copy of Transcripts/Scores HS/GED
- Official College Transcripts of Past Colleges
- Proof of Application for other scholarships

Note Missing items to follow:

Application Sent on: _____

Remove the instructions from the application. The instructions are for your use only.



Burns Paiute Tribe Education Department
100 Pasigo Street * Burns, OR 97720
(541)573-8032 * 541-573-2323 fax

Check off List of Paperwork required:

- Letter of Acceptance from college/University attending:
- Last grade reports, High School, College/University or GED transcripts.
- Statement of Your educational goals and / or plans:
- Indian Tribal / Enrollment Certificate:
- Higher Education Grant Application Forms;
 - Form BIA 6238
 - Form BIA 6237 two
 - Form BIA 8205
- Scholarship Agreement

ALL ITEMS NEED TO BE ATTACHED FOR A COMPLETE APPLICATION

PRIVACY ACT & PERMISSION FORM

I hereby apply to attend the school indicated on this application and agree to follow all rules, regulation and attendance requirements of the school and to the best of my ability will satisfactorily complete the course which I have selected. I further agree that the fund issued me for training purposes by the Bureau of Indian Affairs will be so used or repayment will be made to the U.S. Government. I understand that if I am eligible for other training funds, such as Basic Educational Opportunity Grands (BEOG), etc., this will be included when computing my financial aid package and I agree to use those funds for the purpose intended. I authorize the school to release grade, attendance, and income information to Bureau of Indian Affairs personnel.

(Initials)

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT:

1. The authority for solicitation of the information on this form is 25 U.S.C 13 (42 Stat. 208) and P.L. 84-959 (70 Stat. 986) as amended by P.L. 88-230 (77 Stat. 471, 25 U.S.C. 309).
2. Disclosure of the requested information by the applicant is voluntary, but required to obtain benefit.
3. The purpose of this information collection is to determine your eligibility for services.
4. The routine use of this information is by BIA and school counselors to evaluate your request and to assist you before and during your training. After completion of training, or if this application is for Direct Employment, parts or all of the information in your application will be provided to employers who are considering your for employment. The application will be used in a routine manner by counselors working with you who need background information and by those people involved in financial control who need budgeting information contained in the application.
5. Failure to provide requested information may result in a delay or denial in receiving training or job placement assistance you are seeking.

I have read the above statement, I hereby provide the required information and authorize the use of such information to the extent of the uses specified int he statement.

Applicant Signature: X Date: _____

CERTIFICATION

Certification: If eligible, I understand that a Bureau of Indian Affairs Grant Award will be made available to me through the Financial Aid or Business Office at the college I attend. I also understand that this award is for my educational expense while I am enrolled in school and maintain satisfactory performance as a full-time student and maintain a 2.00 grade point average or better each term.

I agree to send a copy of my grades to my agency at the end of each term.

I, hereby certify that all of the above information is correct to the best of my knowledge. I understand that any information I provide is subject to Federal Review and consent to the release of this and any relevant information to my Agency, College, Financial Aid Officer and tribal Scholarship Committee as applicable in order to determine my aid.

 X
(Applicant Signature) (Date)

(Interviewer Signature) (Date)

Burns Paiute Tribe
Education Department

HIGHER EDUCATION GRANT APPLICATION

Date Received: _____

Applicant Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle Maiden </div>	Social Security Number: _____
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Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street City State Zip </div>	Work #: _____ Home #: _____
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Date of Birth: / /	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow
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# of Dependents: _____	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	State of Residency: _____
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Tribal Affiliation: _____	Tribal Enrollment #: _____
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Home Agency & Address: _____

Type of High School: BIA Tribal Private Mission Public

High School Name: _____	Graduate/GED: _____	Date of Graduation or GED: _____
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APPLICATION REQUEST FOR WHAT YEAR:

- Academic Year
 Spring Only
 Fall Only
 Summer
 Full-time
 Part-time

Name & Address of College Selected: _____

College Major: _____ Expected Graduation Date: _____

Expected Degree: AA BA BS MA Other: _____

Year in College: Freshman Sophomore Junior Senior Graduate

I will be living: On Campus Off Campus With Parents

HAVE YOU RECEIVED A HIGHER EDUCATION GRANT (BIA) BEFORE? YES NO

If YES, what years? _____

No. Of Semester Hours Earned: _____

No. Of Quarter Hours Earned: _____

STATEMENT OF EDUCATION PURPOSE: I declare that I will use any funds I receive under the Bureau of Indian Affairs Higher Education Grant Program solely for expense connected with attendance at:

Name of Institution: _____

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT

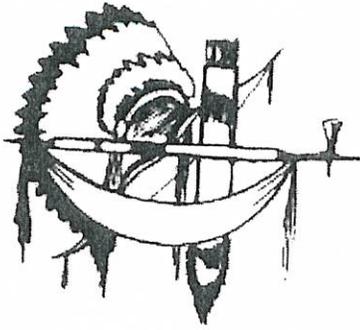
This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974. Although furnishing personal information to this office is voluntary, failure to supply complete and accurate information may preclude the applicant from eligibility for assistance under this program.

This information is being collected to determine eligibility of individuals applying for services. This information will be used to produce statistical records required of the Office of Indian Education Programs. Response to this request is required to obtain a benefit.

I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to necessary agencies to complete my financial aid package. I request that any BIA grant awarded me be mailed to me in care of the financial aid office of the Institution, I have chosen. I will provide a copy of my grades or transcript to the BIA Higher Education Office at the end of each academic term.

Signature of Student: X

Date: _____



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Scholarship Agreement

I agree to follow all rules, regulations, attendance requirements, and to the best of my ability will satisfactorily complete the courses which I have selected to the institution of my choice.

I further agree, I will be required to repay funds given to me if

- ◇ I do not use the funds issued to me for my educational purposes; and
- ◇ I withdraw before the term is completed without the knowledge of the Tribal funding agency.

I understand that I am required to be enrolled in and earn minimum of _____ Credit hours per term to earn at least a 2.0 Grade point Average (GPA), both cumulative and term, to maintain my Higher Education Award. I acknowledge I am to send a copy of my grades and next term's registration to the Burns Paiute Education & Employment Assistance Department at the end of each grading period when they become available to me.

Statement of Education Purpose

I will use all funds I receive under the Burns Paiute Tribes Higher Education Grant Program, solely for those expenses connected with attendance at

Name of Institution

Signature

I certify that the above information is true and correct to the best of my knowledge. I understand that falsification of this document will result in denial of benefits. I consent to the release of information to the necessary agencies to complete my financial aid package. I acknowledge that any grant awarded to me will be sent to the financial aid office of the institution I am attending.

I have read the Signature Section and understand all requirements for this application as set forth in this section.

Student Signature

Date