



“Te-Tu-Koo” Resources

•P.O. Box 470 Pawnee, Oklahoma 74058•Phone: (918)762-3621•Fax: (918)762-3662•
education@pawneenation.org

PAWNEE NATION HIGHER EDUCATION SCHOLARSHIP

The purpose of the Higher Education Scholarship Program is to provide financial assistance to enrolled members of the Pawnee Tribe that have a Financial Need and are pursuing an education at an accredited institution of higher learning. Applicants must satisfy all Eligibility requirements and submit all required documents as specified in the application packet in order to determine eligibility.

Eligibility

1. Be a member of the Pawnee Nation of Oklahoma.
2. Be enrolled in an accredited institution of higher education. Vo-tech students must enroll fulltime in a degree seeking or certificate seeking program and are subject to approval by the Pawnee Nation Higher Education Scholarship committee.
3. Demonstrate a financial need as determined by the eligible institution’s financial aid office according to the U.S. Department of Education’s formula.
4. Must apply for all available financial aid. (www.fafsa.gov)
5. Completed application must be submitted by the deadline

Required Supporting Documents

1. Completed application form including;
 - a. Completed IEEP Stating educational needs/goals
 - b. Award Agreement
 - c. Financial Needs Analysis (FNA) – must complete FAFSA before this can be submitted.
 - d. Privacy Statement
2. Certificate Degree of Indian Blood (CDIB)
3. Degree Plan stating required classes in major.
4. High School transcript or a General Equivalency Diploma (GED). (Freshman/First time recipients)
5. Official Transcripts from previous term of attendance.
6. *Class schedule verifying 12hour enrollment or fulltime status.
7. Selective Service Verification- All Male Recipients.

All Applicants

Submission of applications and documents will be accepted via mail, email, fax, and hand delivery but does not certify eligibility of scholarship. All completed and On-Time applicants are reviewed via student number by the Higher Education committee. **All awarded and non-awarded applicants will be notified via email transmission with complete description and terms of the award, and description of appeal process for those not selected.**

Part-time summer enrollment, and graduate are contingent upon available funds and may be subject to further review. All prospective higher education students that are Pawnee tribal members have the right to utilize the division for assistance with resources while attending school even if they are not awarded the scholarship. Instructions for each item are described on checklist of application.

Email: education@pawneenation.org

Mailing Address: Attention- Higher Education P.O. Box 470 Pawnee, OK 74058

Physical Address: 657 Harrison Street (3rd Floor)

*****Student Use Only*****

-Refer to this page as a guide to ensure your application is complete.

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For your records, please use this section as a guide to ensure you submit a Complete scholarship application.

Incomplete submissions will Not be considered.

Student status/Terms

<u>New</u>	1st time applicants
<u>Returning</u>	Applicants who have received the undergraduate scholarship before and have left school but returned
<u>Continuing</u>	Applicants who are selected in the fall for scholarship; this category of students are considered priority for spring and will be the first to be awarded.
<u>Academic Year</u>	When a student enrolls for both fall & spring semesters; these students are considered continuing and are subject to priority conditions
<u>*FAFSA</u>	To be considered for Free Application for Federal Aid (FAFSA) award year, you can complete a Free Application for Federal Student Aid (FAFSA) beginning October 1 st , ending June 30 th . This must be completed before the Financial Needs Analysis (FNA form).

Checklist for documents

Part 1 – Education Funding Forms

✓	FORM	WHO	WHEN
	<u>Completed application</u> <i>PN Education/477 application, Award Agreement, Privacy Statement</i>	<u>All students, New students, Returning students, Continuing students</u> (who miss LOI deadline)	Once per academic year or semester, At the time of application
	<u>Individual Education & Employment Plan (IEEP)</u>	<u>New students, Returning students</u> If students decide to make changes to plans. (ie- goals, major, school)	At the time of application
	<u>Financial Needs Analysis (FNA)</u>	<u>ALL Students</u> (FAFSA Application Opens October 1 st)	Once per application each year. (Fall to Summer)
	<u>Letter of Intent (LOI)</u> <i>Forms will be available on the Pawnee Nation Website, PNHIED Facebook Page, & by email if requested!</i>	<u>Continuing Students</u> (Retrieval/Submission of this form is the responsibility of the students!!)	November 5th

Part 2 - Other Required Documents

✓	DOCUMENT	WHO	WHEN
	<u>Proof of enrollment</u> <i>Pawnee Tribal IDs Cards</i>	<u>New students, Returning students</u>	Initial application
	<u>Letter of Admission/Acceptance</u>	<u>New students, Returning Students</u>	At the time of application; When admitted into school as freshman or if returning student is switching schools.
	<u>Official College/University Transcript</u>	<u>Returning students, Continuing students</u> (Students receiving funding for fall & submitted LOI for spring funding will be permitted to submit Official transcript at end of semester in December once grades are posted.)	At the time of application for Fall and Spring funding; Displaying Grades of Previous Semester. Available at Office of Registrar.
	<u>Official HS Transcript/GED</u>	<u>New students</u>	Initial application
	<u>Selective Service Verification</u>	<u>All Male Recipients</u>	Initial application

Personal Information

Name: _____ **Email Address:** _____
Last MI First

Mailing Address: _____ **Telephone:** _____

Physical Address: _____ **Work/Cell Phone:** _____

Preferred communication: Phone or Mail or Email

Marital Status: __ Single __ Married **Education at Enrollment:** __ Student __ H.S. Dropout __ H.S. Diploma __ Attending GED
 __ Widowed __ Divorced __ Separated (Mark all that applies) __ Attending College __ College Graduate

List people in your household including yourself

Name	Age	Date of Birth	Relationship to Applicant	Tribal Affiliation	Social Security	Special Needs
			Self			

Please specify if the following assistances currently apply to you

Assistance Status	Yes	No	Amount	Assistance Status	Yes	No	Amount
AFDC/TANF				Child Support/Alimony			
SNAP/Food Stamps				Foster Care			
SSI (Supplement Security)				School Grants			
General Assistance				Veterans Assistance (VA)			
Social Security (Disability)				Unemployment			
Annuity/Per cap				Commodities			
Workman's Comp				Living Assistance			
Pension/Retirement				Other:			

Household Employment Information:

Applicant:

Employer:	Employer Address:	Employer Phone:
Job Title:	Wage:	Hours Worked Per Week:
Start Date:	End Date:	Reason for Leaving:

Spouse:

Employer:	Employer Address:	Employer Phone:
Job Title:	Wage:	Hours Worked Per Week:
Start Date:	End Date:	Reason for Leaving:

Other-Any household member 18 years of age or older:

Employer:	Employer Address:	Employer Phone:
Job Title:	Wage:	Hours Worked Per Week:
Start/End Date:	End Date:	Reason for Leaving:

I Certify that I am Currently:

<u>Unemployed:</u>	<u>Employed:</u>	<u>Veteran Preference</u>
<input type="checkbox"/> More than 7 days	<input type="checkbox"/> Working Less than 32 hours per week	<input type="checkbox"/> Transitioning
<input type="checkbox"/> More than 6 months	<input type="checkbox"/> Upgrading Requested	<input type="checkbox"/> Selective Service#: _____
<input type="checkbox"/> Never Worked	<input type="checkbox"/> Retraining/Recertification needed	<input type="checkbox"/> Other: _____

*** Please check the following services that apply and/or requesting. ***

<u>Services</u>	<u>Description</u>	<u>Currently Receiving</u>	<u>Apply for Services</u>	<u>Doesn't Apply to Me</u>
School Fees (Grades: Pre-k – 12th)	Assistance for eligible Native American students; Provides school operational support. (Ages: 3- 12 th grade).			
School Supply (Grades Pre-k – 12th)	Assistance for Eligible Native American students Pre-K through the 12 th grade in receiving fundamental supplies.			
School Reimbursement	Assistance for Eligible Native American students in school sponsored extra-curricular activities and/or graduation cost.			
ACT Prep/Testing	Assistance for Eligible Native American students needing support in ACT Prep/ACT Testing.			
After School/Tutoring	Assistance for eligible Native American Students needing improvement in academic success.			
Summer Youth Work Experience (SYWEX) (Ages: 14- 24 years old)	Assistance for eligible Native American students; Provides work experience and job readiness workshops during the month of June and school calendar year if applicable.			
Child Care Ages: 2months – 8years old	Assistance for Eligible Native American clients needing supportive services for children.			
Child Care Subsidy Ages: 2months – 8years old	Assistance for Eligible Native American clients needing monetary supportive services for children in child care.			
Higher Education Scholarship	Assistance/Funding for Enrolled Pawnee Nation Members attending an accredited university/college with enrollment in courses for full time higher education. Have you previously received the HIED scholarship? ___ Yes ___ No When? _____			
Adult Education/ Classroom Training	Assistance for Eligible Native American clients needing designated supportive services in career development, skill training/material, including services for GED material/testing. Including but not limited to Job retaining/Job upgrading.			
Work Experience (WEX)	Assistance for Eligible Native American clients needing supportive services including but not limited to; job experience, resume developing, job readiness workshops and/or job related support to achieve self-sustainability.			
Other: _____				

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT ANY MISREPRESENTATION ON THIS APPLICATION WILL BE GROUNDS FOR IMMEDIATE TERMINATION. I ALLOW THE RELEASE OF INFORMATION FOR VERIFICATION PURPOSES ONLY. I UNDERSTAND THE COMPLETION AND SUBMISSION OF THIS APPLICATION AND REQUIRED DOCUMENTS DOES NOT CERTIFY ELIGIBILITY OF SERVICES IN TE-TU-KOO.

Applicant Signature _____
 (Parent Signature is required if participant is under age of 18years old)

Date _____



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STATEMENT OF PRIVACY

Required Submission of Student Information

The Pawnee Nation of Oklahoma, pursuant to P.L. 93, has contracted the Higher Education Scholarship Program. The Privacy Act of 1974 requires that each Federal agency that maintains a system of information on individuals to inform those 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 mandatory or voluntary;
2. The principal purpose(s) for which the information is intended to be used;
3. The routine uses which may be made of the information as published pursuant to paragraph (4)(D) of this subsection;
4. And the effects on applicant, if any, if not providing all or any of the requested information.

The Pawnee Nation Higher Education Scholarship program operates under the general authority of 24 USC, Chapter 12, 42 Statute 208 P.L. 67-85, with specific legislation contained in 25 USC, subchapter E, Part 32, “Administration of Educational Loans, Grants, and Other Assistance for Higher Education.”

The applicant understands that the intent of collecting and maintaining this data is for determining eligibility and to provide a means of producing statistical records. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining higher education assistance under this program,

The administration of this program requires certain information from the applicant. The forms included in this packet solicit the required information. This information may be made available to authorized organizations or individuals.

I have read the statement on privacy listed above. I hereby provide the required information and authorize the use of such information.

I hereby give permission to release any and all of the following information to the Pawnee Nation or Pawnee Nation Education Division staff members:

- Financial aid awards, application data, disbursements, and/or eligibility
- Billing statements, charges, credits, payments, and/or past due amounts
- GPA/Grades, demographic, registration, student ID number, enrollment information, and/or academic progress status;
- Access to student records maintained by the Registration Office and Financial Office, including all of the above examples.

Student Signature: _____

DATE



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AWARD AGREEMENT

The terms below must be reviewed carefully by you as the student to certify your responsibility as a recipient of the Pawnee Nation Scholarship Program. Each term must be initialed.

Initials

- _____ I agree to keep in contact with the Pawnee Nation Education Division during the semester of funding. My check in for contact will be during the week of my midterms.
- _____ I agree there is no 3rd party communication.
- _____ I agree to register for 12 credit hours and maintain a minimum 2.0 GPA.
- _____ I agree to notify the Education Division immediately if I fall under the required hours/GPA.
- _____ I understand I will be placed on probation the following semester I return if one or both of these violations occur.
- _____ I understand if these violations occur during the probation period I will be suspended from the program until I can attend one semester at full time status and required GPA while being funded through another source.
- _____ I will arrange for an official transcript to be delivered to the Pawnee Nation Education Division at the end of the semester.
- _____ I agree to submit grades for each semester to verify completion.
- _____ I certify that I am not enrolled in another tribe or applying for or receiving funds from another tribe’s BIE scholarship fund.
- _____ I understand that if I fail to notify the Education Division of withdrawing from classes or school before completing the semester, I will be subject to reimbursement of funds and termination of the program.
- _____ I understand there is a 10 semester limit for award of this scholarship.
- _____ **FALL RECIPIENTS:** I understand that if I am awarded in the fall semester, My status will be a continuing student. I am Responsible for enrolling for the spring scholarship in a timely manner and will submit the Letter of Intent by November 5th with my schedule. I will send my grades when they become available, understanding that my spring award will Not be sent until my grades are in.
- _____ **GRADUATING STUDENTS:** I agree to send my final transcript and a copy of my diploma to the Education Division upon graduation.

I, _____ ACCEPT/DECLINE my approved award of \$_____ for the _____, 20____ and I agree to the above conditions.

Signature Date

Student Please Specify which of the following applies to you:

Program Applying for:
Career/Vo-Tech/Trade OR Higher Education
 Application Request:
FALL _____ SPRING _____ SUMMER _____
 Circle the option(s) that applies:
COLLEGE/UNIVERSITY _____ SEMESTER _____
TRIMESTER _____ QUARTERLY _____

Pawnee Nation of Oklahoma | 7
Higher Education Scholarship Application



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FINANCIAL NEEDS ANALYSIS
Academic Year 20____-20____

Part 1 – Completed by the student; NO BLANKS

Name: _____ SS#: _____
 Enrollment Status: **Full Time Part Time** #of Hours enrolled: _____ Telephone#: _____
 Type of School: **JUNIOR COLLEGE PRIVATE SECTARIAN COLLEGE/UNIVERSITY**
TRIBAL BIA HIED Status: **FORMER NEW CONTINUING TRANSFER**
 Classification: **Freshman Sophomore Junior Senior**
 Major: _____ Minor (if applicable): _____
 Applied for: **PELL GRANT STATE GRANT TUITION WAIVER WORK STUDY SEOG NDSI**
GSL OSL Have you previously been awarded the Pawnee Nation Scholarship? _____ If yes, list
 Year(s) and semester: _____ # of semesters completed during scholarship period: _____

 Student Signature Date

Part 2 – To be Completed by Financial Officer

STUDENT BUDGET

Academic Year 20____-20____

Please check for applicable:
 Semester only _____ Academic year _____

SCHOOL EXPENSES	STUDENT RESOURCES	AWARDS
Tuition	Family Contribution	Pell
Fees	Student Contribution	SEOG
Books	Veterans Benefits	Work Study
Supplies	Social Security	NDSL
Room & Board	Vocational Rehab	GSL
Dependency Allowance	AFDC	Tuition Waiver
Transportation	Fellowships	State Tuition Grant
Personal Expenses	IHS Grants	Other (List)
Other (List)	State Indian Scholarships	
	Other (List)	
		<i>*only include if student has accepted loan</i>

School Expenses TOTAL \$ _____ Student Resources TOTAL \$ _____ Awards TOTAL \$ _____

TOTAL Student Expense – Total Resources = \$ _____ TOTAL FINANCIAL
NEED TOTAL Financial Need – Total Awards = \$ _____ UNMET NEED

*This student assessment is consistent with standard packages prepared for students who are not eligible for BIA education grant.
 PLEASE MAIL ORIGINAL FORM to address listed on this form ATTENTION: Higher Education.*

FINANCIAL AID OFFICER INSTITUTION: This address will be used to mail disbursements

Name _____ School Name _____
 Signature _____ Address _____
 Email Address _____
 Date _____ Phone _____



Pawnee Nation Education Division
“Te-Tu-Koo” Resources
 P.O. Box 470 Pawnee, Oklahoma 74058- Phone: 918-762-3227- Fax: 918-762-3662
Individual Education and Employment Plan, (IEEP)

Name: _____ **Date:** _____

Social Security #: _____ **DOB:** _____

Case Manager and Title: _____

Education Level: ___ **High School Diploma** ___ **GED** ___ **Post High School**
(Select All that Applies) ___ **Dropout** ___ **Attending College/University** ___ **Vo-Tech** ___ **Current Student**

Education and Employment Plan: This is a plan constructed by both the client and counselor on how to achieve goals of gainful employment and self-sufficiency for the Client. Describe in detail the goals and plan of actions to achieving those goals. This Plan of action must have realistic and achievable steps in order to be successful.

Educational or Employment Plan: _____
(Specify your current plan)

Client’s Goals:

Plan of Action:

Goal/Activity/Action	Start Date	End Date	Who will do it?
1.			
2.			
3.			
4.			
5.			

Steps for Achieving Goals:

Student's Responsibilities:

Education Division's Responsibilities:

Case Manager's Notes and Referrals:

Participant's agreement with Plan: I have read and received a copy of this plan. I clearly understand and agree with the Plan of Services as written. My signature below verifies that I actively took part in the constructing and planning process. I understand it is my responsibility to perform the action steps to obtain and maintain my education and/or employment.

(I understand it is my responsibility to carry out the Identified Action Steps.)

Participant's Signature

Date

Case Manager's Signature

Date