



**SRP-MIC EDUCATION DEPARTMENT  
DIVISION OF POST SECONDARY AND ADULT EDUCATION  
PROGRAM**

**Education Assistance Application**

You must answer all questions on the application completely and attach any documents to this application. **Please mark "N/A" in each section if it does not apply to you.** If you do not answer all questions, your application form will be incomplete and cannot be reviewed. **You are required to submit your application by the deadline date. You will have a grace period of two weeks to submit any remaining required documents to be approved. Please complete application in Black/Blue ink. Education Website: <http://www.srpmic-ed.org>**

College/University Application Deadlines:		
Fall Semester: June 30	Spring Semester: November 30	Summer Semester: April 30

Vocational Schools Application Deadlines:			
July 31	October 31	January 31	April 30

**Date:** \_\_\_\_\_

**Applying for:** (check all that apply)

Tuition \_\_\_\_\_ Books \_\_\_\_\_ Child Care \_\_\_\_\_ Credit Hour \_\_\_\_\_

**Please check one:**

- \_\_\_\_\_ New Applicant
- \_\_\_\_\_ Applied Before (Never received SRP-MIC Educational Funding before)
- \_\_\_\_\_ Continuing Student (Currently in program, currently receiving scholarship funding)
- \_\_\_\_\_ Returning Student (Reapplying to program, previously received scholarship funding)

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Other Names Used \_\_\_\_\_ SRP-MIC I.D. #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City, State zip code

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

City, State zip code

Email address: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Message Phone: (\_\_\_\_\_) \_\_\_\_\_

**Which school term(s) are you applying for: (check the appropriate term(s))**

Fall 2010 \_\_\_\_\_ Winter 2010 \_\_\_\_\_ Spring 2011 \_\_\_\_\_ Mini Term (please list Term and Year) \_\_\_\_\_

Vocational Start date \_\_\_\_\_

**Type of school you are applying for:**

**Vocational** – Name of School: \_\_\_\_\_

Full-Time \_\_\_ Part-Time \_\_\_ Expected Start Date: \_\_\_\_\_ Expected End Date \_\_\_\_\_

Degree Type: Certificate/Diploma \_\_\_\_\_ Associate \_\_\_\_\_ Bachelor \_\_\_\_\_ Master \_\_\_\_\_

Program: \_\_\_\_\_

**College/University** – Name of School: \_\_\_\_\_

Full-Time \_\_\_ Part-Time \_\_\_ Expected Start Date: \_\_\_\_\_ Expected End Date \_\_\_\_\_

Major: \_\_\_\_\_ Minor (if applicable): \_\_\_\_\_

Degree Type: Certificate/Diploma \_\_\_\_\_ Associate \_\_\_\_\_ Bachelor \_\_\_\_\_

Master \_\_\_\_\_ Doctorate \_\_\_\_\_ Juris Doctorate \_\_\_\_\_

Total Number of college credits you have to date: \_\_\_\_\_

Academic Level (College/University):

- |   |  |
|---|--|
| _____ Freshman                                | _____ Graduate/ Doctorate (select below) |
| _____ Sophomore                               | _____ Number of Years Completed          |
| _____ Junior                                  | _____ Taking Qualifying Exams            |
| _____ Senior                                  | _____ Completing Dissertation            |
| _____ Graduate/Master (1 <sup>st</sup> year)  | _____ Juris Doctorate (select below)     |
| _____ Graduate/ Master (2 <sup>nd</sup> year) | _____ Number of Years Completed          |
|   | _____ Taking Qualifying Exams            |

**PERSONAL INFORMATION**

Marital Status: (Check one) Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_

Gender: Female \_\_\_ Male \_\_\_ Number of Dependents: \_\_\_\_\_

Name(s) of Dependents: *Must provide Birth Certificate for each minor dependent; must provide Birth Certificate and Marriage License for spouse. (If applying for Child Care)*

Name of Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of dependent: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of dependent: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of dependent: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of dependent: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Number of person(s) living in the same household with you? (Include yourself) \_\_\_\_\_

Will you or are you living at home with parent (s)? Yes \_\_\_ No \_\_\_

Name(s) of other person(s) living in your household also applying for or receiving an SRP-MIC Educational Assistance: \_\_\_\_\_

Mother's Maiden Name : \_\_\_\_\_ Fathers Name : \_\_\_\_\_

I \_\_\_\_\_ understand that I have a grace  
Student Name

Period of **two weeks** past the deadline date to submit all missing required documents to be approved for Post Secondary & Adult Education Program funding. The date to submit my remaining missing documents will be by \_\_\_\_\_ .  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
advisors initials

**EDUCATION HISTORY**

High School attended: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

If you did not complete high school, but received a GED Diploma, enter the date: \_\_\_\_\_

List all Post Secondary schools (College, University, or Vocational School) you have attended. If you never attended any, mark "N/A":

Name of School: \_\_\_\_\_

Term/Year attended: \_\_\_\_\_ Degree completed? \_\_\_\_ Yes \_\_\_\_ No

Name of School: \_\_\_\_\_

Term/Year attended: \_\_\_\_\_ Degree completed? \_\_\_\_ Yes \_\_\_\_ No

Have you received a SRP-MIC educational assistance before? Yes \_\_\_\_ No \_\_\_\_

If yes, please list most recent Academic Term and year: (example: Spring 2003)

Term \_\_\_\_\_ Year \_\_\_\_\_

**RELEASE OF INFORMATION**

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_ authorize the Salt River Pima-Maricopa Indian  
(Name of student)

Community Education Department to release necessary records regarding my financial funding or educational progress to: \_\_\_\_\_  
(College, University or Vocational school)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



I, \_\_\_\_\_ authorize \_\_\_\_\_ to  
(Name of student) (College, university or vocational school)

release all records regarding my financial aid, educational progress, and attendance records to the Salt River Pima-Maricopa Indian Community Education Department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**(i) Information release to the Salt River Tribal Newspaper/Newsletter**

I consent to having my name or my child's name placed in the Salt River Newspaper for any educational accomplishments achieved. Please check Yes  or No  and sign below.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's Signature (if under 18 yrs of age)

\_\_\_\_\_  
Date

**STUDENT CONTRACT**

This contract is made and entered into for the \_\_\_\_\_ academic school year. This is a legally binding agreement that stipulates the obligations of the applicant. The applicant, and/or parent or legal guardian must sign this agreement, if applicant is under 18 years of age, before any amount of SRP-MIC financial assistance can be granted.

**ALL APPLICANTS MUST:**

Please initial each item:

- \_\_\_\_\_ 1. Be an enrolled member of the Salt River Pima-Maricopa Indian Community and provide an SRP-MIC Identification Card;
- \_\_\_\_\_ 2. Complete and submit a Salt River Post Secondary & Adult Education Program application each academic year, and summer term for which the educational financial assistance is being requested. All information shall be true and complete to best of your knowledge;  
**Knowingly produced false statement(s) or omissions of relevant information will be a cause for immediate denial of SRP-MIC financial assistance**
- \_\_\_\_\_ 3. Submit proof of admission to an accredited college, university, graduate school or vocational school;
- \_\_\_\_\_ 4. Submit proof of high school or GED graduation (proof of Associates, Bachelors, Masters, PH.D or Juris Doctorate Degree need not show proof);
- \_\_\_\_\_ 5. If applicable submit official transcripts from all accredited colleges, universities or vocational schools previously attended and
- \_\_\_\_\_ 6. Submit any additional document(s) that may be required to complete the application process. See application checklist.

**All Post Secondary & Adult Education Program Recipients:**

Please initial each item:

- \_\_\_\_\_ 1. Have a responsibility to be familiar with their obligations and the requirements of the SRP-MIC Post Secondary & Adult Education Program, as outlined in the Policies/Procedures;
- \_\_\_\_\_ 2. Who attend college, are required to earn no less than the number of credit hours per semester or term as found in definitions of full-time, part-time, or graduate student;
- \_\_\_\_\_ 3. Who are either full-time or part-time undergraduate college or vocational students must maintain a cumulative GPA of 2.0 to remain eligible for SRP-MIC educational financial assistance; or show successful progress where grades are not applicable.
- \_\_\_\_\_ 4. Who are graduate students shall maintain a cumulative G.P.A. of 3.0 and earn a minimum of 9 credit hours per term or credit hours recommended by the enrolled institution.
- \_\_\_\_\_ 5. Who withdraws/drops from any class(es) will find their future educational assistance reduced according to the procedures and calculations outlined in SRP-MIC Polices/Procedures:
- \_\_\_\_\_ 6. Who are not maintaining the minimum academic requirements shall be placed on probation for one semester or term, the student will have the opportunity to bring his/her status up to the minimum standards of 2.0 G.P.A. according to the specific Post Secondary & Adult Education Program, he/she was awarded. If the student does not meet the minimum academic standards during the probationary period, then he/she will be placed on provisional suspension or suspension.

- \_\_\_\_7. Are to immediately report, in writing, withdrawal from the school or college they are attending or any change in their major field of study that will cause a delay in the completion date. In addition, changes in personal situations such as marital status, number of dependents, income, and any name changes must also be immediately reported in writing to the SRP-MIC Post Secondary & Adult Education Program staff. Purposefully withholding any of this information is grounds for automatic suspension from the Program and/or repayment of the educational assistance for that term;
- \_\_\_\_8. Must immediately submit a letter and supporting documents to the Post Secondary Adult Education Program staff if they find themselves in adverse circumstances beyond their control that is causing them to fall below the required, minimum scholarship program standards;
- \_\_\_\_9. All academic and vocational students have the responsibility to submit a progress and attendance verification form to the Post Secondary & Adult Education Program Office each month;
- \_\_\_\_10. All academic and vocational students have the responsibility to submit an official transcript and an updated academic plan of study by the end of each completed term on their behalf to the SRP-MIC Post Secondary & Adult Education Program Office;
- \_\_\_\_11. Must attend the institution as stated in the award letter. There will be no transfer of SRPMIC Post Secondary & Adult Education Program funds to another institution within the same academic year;
- \_\_\_\_12. Will not be funded for any extension of time beyond the maximum period of eligibility for SRP-MIC educational financial assistance as outlined in SRP-MIC Post Secondary & Adult Education Program Policy (P)(1-7);
- \_\_\_\_13. Must know that any funds remaining undistributed from the SRP-MIC Post Secondary & Adult Education Program award will remain the property of the Program;
- \_\_\_\_14. Are responsible for Federal income tax liability for their educational assistance award;
- \_\_\_\_15. Will utilize community gaming per capita payments as a source of repayment if the student is not able or not willing to repay any Scholarship fund owed as outlined in SRP-MIC Post Secondary & Adult Education Program Policy.

I have read the above requirements and understand my obligations to the Salt River Pima-Maricopa Indian Community Post Secondary & Adult Education Program. I hereby certify that the information I have given is true and complete to the best of my knowledge. Any deliberate submission of false information or omission of relevant information will be grounds for immediate suspension from the Post Secondary & Adult Education Program for a period of two (2) years. I will be obligated to reimburse to the SRP-MIC Post Secondary & Adult Education Program any monies that I received by submitting a false application. I understand that in the event I believe that the Post Secondary & Adult Education Program Office has not followed policy or has not been fair to me in the administration of the Post Secondary & Adult Education Program, I may submit a letter to the SRP-MIC Education Director to appeal the decision of the Post Secondary & Adult Education Program office within 10 days after I have been notified, in writing, of the decision according to Procedure (I) of the SRP-MIC Post Secondary & Adult Education Program Policy 1-4. I also acknowledge that I have received the Post-Secondary Education Policy Handbook for reference.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's Signature (if under 18 yrs of age)

\_\_\_\_\_  
Date