

Bishop Paiute Tribal/ BIA Scholarship

**Please fill out this application for the
2017/2018 Tribal & BIA Scholarships**

Deadline: Monday, July 31, 2017

For more information please contact the
College & Career Counselor
(760)873-8740



APPLICATIONS
ARE NOW
AVAILABLE!

APPLICATIONS ARE AVAILABLE AT THE FOLLOWING LOCATIONS:

Bishop Indian Education Center

Location: 396 N. Barlow Ln. Bishop, CA 93514

Contact number: (760) 873-8740

Or download from our Facebook page:

www.facebook.com/bishopindianeducationcenter

Bishop Paiute Tribal Office

Location: 50 Tu Su Lane. Bishop, CA 93514

Contact Number: (760) 873-3584

Or download from the website:

www.bishoppaiutetribe.com

**Owens Valley Career Development Center
Career Education Department**

Location: 2574 Diaz Lane. Bishop, CA 93514

Contact Number: (760) 873-6547

If you are applying for these scholarships and have any questions regarding your application, please contact the College & Career Counselor at (760) 873-8740 or by email at tribal.scholarship@bishoppaiute.org

The Tribal Scholarship is made possible by the Bishop Paiute Tribe for all Bishop Tribal members who are enrolled full time at an accredited institution of higher learning.

The BIA Scholarship is available to all Bishop Tribal Members who are enrolled full time and are PELL eligible. To find out if you are PELL eligible you must complete the FAFSA. If you need help completing your FAFSA, please contact the Student Services Coordinator.



BISHOP INDIAN EDUCATION CENTER



2017/2018- TRIBAL/BIA APPLICATION CHECKLIST

Application Deadline: MONDAY, JULY 31, 2017

Please include ALL information on the checklist in order for your application to be considered.

- Completed 2017/2018 Tribal/ BIA Application
- Signed Student Agreement and Authorization
- 2017/2018-Financial Needs Analysis- to be completed **and sent** by the financial aid office at the school you will be attending (**DON'T FORGET TO SIGN THE BOTTOM**)
- Proof of Fall 2017- College/Vocational Enrollment
- Fall 2017 Class Schedule
- Unofficial Transcripts from College/Vocational School
- High School Transcripts or GED- for new Freshman only
- Proof of Tribal Enrollment -Resolution or Current Tribal ID (front & back)
- Attach an Essay- describe your Educational Goals and how the classes you are taking will help you achieve your goals (**400 Word Minimum**)

BIA APPLICANTS ONLY

- Proof of Completion of FAFSA- printout of the submission confirmation or SAR report
YOU MUST BE PELL ELIGIBLE TO QUALIFY FOR THE BIA SCHOLARSHIP

Bishop Indian Education Center

50 Tu Su Lane. Bishop, CA 93514

Tel: (760) 873-8740 ~ Fax: (760) 873-4738

BISHOP PAIUTE TRIBE

2017/2018 TRIBAL/BIA SCHOLARSHIP APPLICATION

Rec'd: _____

By: _____

Applying for Tribal Scholarship only

CHECK ONE: REAPPLYING

NEW APPLICANT

Applying for BIA and Tribal Scholarship

TRIBAL ENROLLMENT NO. _____

PERSONAL INFORMATION

NAME: _____ DATE OF BIRTH: ____/____/____

PHYSICAL ADDRESS: _____ PHONE: _____
Street City State Zip

MAILING ADDRESS: _____
Street City State Zip

EMAIL ADDRESS: _____ ALT. TELEPHONE: _____

NUMBER OF DEPENDENTS: _____ CHECK ONE: HIGHER EDUCATION VOCATIONAL

HIGHER EDUCATION/ADULT VOCATIONAL TRAINING INFORMATION

NAME OF VOCATIONAL SCHOOL OR COLLEGE THAT YOU ARE ATTENDING:

Name of Institution Address City State Zip Code

HOW MANY CREDIT/HOURS DO YOU PLAN ON TAKING FOR THE 2017 FALL SEMESTER?

DOES THE INSTITUTION CONSIDER THIS FULL-TIME STATUS? YES NO

COLLEGE CLASS STATUS: FRESHMAN SOPHOMORE JUNIOR SENIOR GRADUATE VOCATIONAL

SEMESTERS COMPLETED: _____ EXPECTED GRADUATION DATE: _____

EXPECTED DEGREE: CERTIFICATE AA or AS BA or BS MBA, MS OR MA PhD Other _____

COLLEGE MAJOR: _____ MINOR: _____

TRIBAL / BIA SCHOLARSHIP INFORMATION

HAVE YOU RECEIVED A TRIBAL OR BIA SCHOLARSHIP BEFORE? YES NO IF YES, WHAT YEAR? _____

HAVE YOU APPLIED FOR FINANCIAL AID AND/OR OTHER FORMS OF ASSISTANCE: YES NO

IF YES, EXPLAIN: _____

STATEMENT OF EDUCATIONAL PURPOSE: I declare that I will use any funds I receive from this/these Scholarships solely for expenses connected with my education at: _____

Name of Institution

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. 84959 (70 Stat.986) as amended by P.L. 88-230 (77 Stat. 471, 25 U.S.C.).
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 the Bishop Paiute Scholarship Committee, and its personnel, and school counselors to evaluate your request and to assist you before and during your academic career. 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 this application.
5. I 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.
6. Failure to provide requested information may result in a delay, or denial, in receiving the funding or assistance you are seeking.

Signature of Student: _____

Date: _____



BISHOP PAIUTE TRIBAL SCHOLARSHIP COMMITTEE

STUDENT AGREEMENT

All students must read, sign and date this document before receiving any funding.

By INITIALING all statements, signing this document and by my acceptance of any scholarship award/funding, I am acknowledging my responsibility to comply with the following terms.

- I understand that I must be enrolled as a full-time student (12 units or more depending on the school)
- Official institution verification of Full-time status for the Fall semester must accompany this application.
- Completion of less than full-time during the Fall semester will result in probation penalties, no funding for the Spring 2018 term and/or repayment of monies as stipulated by the Scholarship Committee.
- I agree to immediately notify the Student Services Coordinator of any circumstances that cause any changes in my academic standing or status.
- Notification must be submitted in writing and within 10 days of those changes. I agree to submit my session (semester, trimester, quarter) grades and class schedules as requested for each funding cycle.
- I agree to complete an information release form with the college or institution that I attend to enable the Student Services Coordinator, the College and Career Counselor and/or the Education Director to monitor/verify my attendance status and assist me if necessary.
- I agree that the Scholarship Committee has my consent to use my name for information related to the scholarships for various media use such as local, state, national, and internet recognition as deemed appropriate by the Scholarship Committee.
- I understand that I may need to complete a Community Service Project within my second year of funding.
- I understand if any penalty/repayment of scholarship monies are assessed upon me, that a repayment plan will be established by the Scholarship Committee and failure to adhere to the plan, may result in retention of 100% of per capita/tribal distribution monies until repayment of scholarship received is paid in full.

Please refer to the Bishop Paiute Tribal Scholarship or BIA Policies and Procedures for further stipulations and guidelines.

I have read and understand the terms and conditions as stated above. I understand that false or incomplete information submitted by me, or on my behalf, or failure to adhere to the terms of this award in any way may result in the cancellation of my scholarship award and repayment of any funds as determined by the Scholarship Committee.

Student Signature: _____ Date: _____

BISHOP PAIUTE TRIBE FINANCIAL NEEDS ANALYSIS FORM

School Year 2017-2018

Part A – TO BE COMPLETED BY APPLICANT:

STUDENT ID #: _____

Name: _____ SSN: _____
Last First Middle MaidenAddress: _____ Telephone: _____
Street City State Zip Code

Student is residing at: On Campus Off Campus With Parents other: _____

Marital Status: Single Married Divorced Separated Number of Dependents: _____

Part B – TO BE COMPLETED BY FINANCIAL AID OFFICER:

The above student has applied for a Bishop Paiute Tribe/BIA Scholarship. The student is required to apply for college related aid: Pell Grant, state grants and all other funding sources that are available. Verified financial need information is needed through your office before the Bishop Paiute Scholarship Committee can take action on this application. Thank you for your assistance.

College/Vocational Major: _____ Student Status: Full-time Part-time Credit hours: _____

Year in College: Freshman Sophomore Junior Senior Graduate Vocational Student is considered: Dependent: _____

Budget: TO BE COMPLETED BY FINANCIAL AID OFFICER: Independent: _____

Estimated Cost:

Tuition/Fees:	\$ _____	Pell Grant:	\$ _____	\$ _____
Room/Board:	\$ _____	WS:	\$ _____	\$ _____
Books/Supplies:	\$ _____	GSL:	\$ _____	\$ _____
Transportation:	\$ _____	Perkins Loan:	\$ _____	\$ _____
Personal Child Care:	\$ _____	Cal Grant:	\$ _____	\$ _____
Other: _____	\$ _____	SEOG:	\$ _____	\$ _____
TOTAL EXPENSES:	\$ _____	EOP&S:	\$ _____	\$ _____
		VA:	\$ _____	\$ _____
		BEOG:	\$ _____	\$ _____
		BOG Waiver:	\$ _____	\$ _____
		Personal:	\$ _____	\$ _____
		Family:	\$ _____	\$ _____
		Other:	\$ _____	\$ _____
		TOTAL RESOURCES:	\$ _____	\$ _____

I certify that the above information to be in accordance with the established rules and regulations for determining financial need and resources as ordered by existing Federal Manuals and the institution administering Federal and State Aid Programs.

College Name: _____ Telephone Number: _____

Address: _____
Street City State Zip Code

I accept this Financial Aid Package as shown and give my permission for the Financial Aid Officer to release any information to the Bishop Paiute Scholarship Committee and personnel. I understand and agree that the funds budgeted to me by the Bishop Paiute Tribe can only be used toward educational expenses. I agree to comply with the following conditions:

1. I will notify the Financial Aid Officer and the Bishop Paiute Scholarship Committee and/or the Student Services Coordinator, if I withdraw from school at any time during the current academic year.

- I will return my unused portion of my Scholarship to the Bishop Paiute Tribe upon withdrawal from school.
- I will maintain "Full Time" status as determined by the school I am attending with a grade point average of not less than 2.0 for each grading period. Failure to do so will be cause for termination of my Bishop Paiute Tribal/BIA award.
- I will adhere to the terms in the signed Student Agreement.

*It is necessary to reapply for the Bishop Paiute Tribe and BIA Scholarship Program each academic year or when transferring to a different school. I authorize the school to release grades, financial information and class schedules to the Bishop Indian Education Center and its personnel.***The Financial Needs Analysis form needs to be completed and sent directly from the school to the: Bishop Indian Education Center ATTN: Student Services Coordinator 50 Tu Su Lane. Bishop, CA 93514, or The preferred method is emailed to tribal.scholarship@bishoppaiute.org, or faxed to (760)873-4738.**

Name of the Financial Aid Officer Signature Telephone Number Date

Name of Student Signature Telephone Number Date



Bishop Paiute Tribe Scholarship Committee
50 Tu Su Lane. Bishop, CA 93514
Tel (760) 873-8740 Fax: (760) 873-4738
tribal.scholarship@bishoppaiute.org

Authorization

I, _____, hereby give permission to the following persons to pick
(Print your name here)
up my scholarship checks, or to speak with employees of the Bishop Indian
Education Center on my behalf.

Name	Phone	Relationship to Student
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Name	Phone	Relationship to Student
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I prefer to have my scholarship checks picked up.

I prefer to have my scholarship checks mailed to my mailing address.

Mailing Address	City	State	Zip Code
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This authorization will remain in effect until I request in writing that it be changed.

Authorizing Signature (Student)

Date

BIEC Staff Signature

Date