



BIG SANDY RANCHERIA

Scholarship Check List

- Completed Higher Education Grant Application
- Completed Financial Needs Analysis
(Completed by the College/Institute)
- Class Schedule and Fees
- Grades (transcripts) or Certificate of Completion
(if received funding from previous school year)
- Signed Higher Education Responsibility Statement

| | |
|--|-----------------------------|
| <i>For Office use only</i> | <i>Date Received:</i> _____ |
| <input type="checkbox"/> Approved | |
| <input type="checkbox"/> Denied | Date: |

37387 Auberry Mission Road – P.O. Box 337 – Auberry, California 93602
Phone: 559.374.0066 – Fax: 559.855.5509



BIG SANDY RANCHERIA

I, _____ agree to the following terms and conditions:

- Must complete the course(s)/program for which my previous scholarship was intended.
- If I do not complete the course(s)/program of what the previous scholarship was intended for, then I will not be eligible for another scholarship until I complete the course(s)/program at my cost.
- Failure to complete course(s)/program will result in repayment of all funds received by Big Sandy Rancheria by a deduction from my RSTF check.
- Must maintain a “C” or better in all graded courses to continue program eligibility.
- Only eligible for ONE scholarship every TWO years.
 - Unless enrolled in a multi-year program, such as a four year University or a two year Junior College.
 - This applies only if there are more applicants than available funds.
- Must submit verification of completed course work including grades (If applicable) upon completion.
- Applicants will be eligible for a max of \$1500 / yr. This may/will be dependent on the total number of applicants and the number of units for which I am enrolled. (Full time (12 units) or Part time (Anything less than 12 units)).

Applicant

Date

Big Sandy Rancheria
Financial Needs Analysis
 (To be completed by College/Institute)

Part A-Identification Information

Date: _____
 Student's Name _____ Social Security No.: _____
 Current Address _____ Telephone _____
 Student is residing at _____ Home _____ Renting _____ Sharing/paying rent _____ Other _____
 Marital Status _____ Single _____ Married _____ Divorced No. of Dependents _____

Part B- To be completed by Financial Aid Officer

The above student has applied for a BSR Vocational Training Grant. The student is required by Federal rules to apply for College-based aid, Pell Grants, state grants and all other funding sources that are available. Verified financial need information is needed through your office before BIA can take action on this application. Thank you for your assistance.

Vocational major: _____ Year in College _____
 Applied for Pell grant Y/N _____ Student is considered _____ Dependent _____ Independent _____
 Academic Year _____

Part C-Budget to be completed by Financial Aid Officer

| | |
|-----------------------|----------|
| Tuition/Fees | \$ _____ |
| Room/Board | \$ _____ |
| Books/Supplies | \$ _____ |
| Transportation | \$ _____ |
| Personal Child Care | \$ _____ |
| Other* | \$ _____ |
| Total expenses | _____ |

***Other**
 (Complete this part only if student is attending a school other than a college; such as a truck driving school, etc.)

| Aid/Resources | Original Request | Supplemental Request |
|------------------------|------------------|----------------------|
| Pell | \$ _____ | \$ _____ |
| WS | \$ _____ | \$ _____ |
| GSL | \$ _____ | \$ _____ |
| Perkins Loan | \$ _____ | \$ _____ |
| Cal Grant-C | \$ _____ | \$ _____ |
| SEOG | \$ _____ | \$ _____ |
| EPO&S | \$ _____ | \$ _____ |
| VA | \$ _____ | \$ _____ |
| BOGG | \$ _____ | \$ _____ |
| Personal | \$ _____ | \$ _____ |
| Family | \$ _____ | \$ _____ |
| Other | \$ _____ | \$ _____ |
| Recommended BSR | \$ _____ | \$ _____ |
| Total Resources | \$ _____ | \$ _____ |

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

College Name _____ Phone Number _____
 Address _____
 Address City/State Zip Code

Print Name of Financial Aid Officer Signature Date

**Big Sandy Rancheria
Higher Education Grant Application**

All information requested is voluntary, however, failure to complete all applicable parts may result in delays in processing this application or make it difficult to process at all.

Name: _____ Social Security No.: _____

Address: _____ Telephone: _____

Date of Birth: _____ Sex: M/F _____ Marital Status: _____ Single _____ Married _____ Divorced

No. of Dependents: _____ Veteran Y/N _____ State of Residency: _____

Tribal Affiliation: _____ Enrollment Number: _____

Home Agency & Address: _____

Name and Address of BIA Agency of Tribal High School: _____

Type of High School: _____ BIA _____ Tribal _____ Public _____ Graduation Date _____

GED Certificate Y/N _____ Date of GED _____ APPLICATION REQUEST FOR ACADEMIC YEAR 20 _____

Academic year: _____ Spring _____ Fall _____ Quarter Basis _____ Full Time _____

NAME AND ADDRESS OF COLLEGE OR UNIVERSITY SELECTED: _____ Part Time _____

COLLEGE MAJOR: _____ EXPECTED GRADUATION DATE: _____

EXPECTED DEGREE: _____ AA _____ BA _____ BS _____ OTHER _____

YEAR IN COLLEGE: _____ Freshman _____ Sophomore _____ Junior _____ Senior _____

I will live: _____ On Campus _____ Off Campus _____ With Parents _____

HAVE YOU RECEIVED A BIA GRANT BEFORE? _____ Y/N _____ IF YES, WHEN _____

NUMBER OF SEMESTER HOURS _____ EARNED _____ CREDIT HOURS _____

STATEMENT OF EDUCATION PURPOSE: I declare that I will use any funds I receive under the **BIG SANDY RANCHERIA** (BSR) Higher Education Grant Program solely for expenses connected with attendance at: _____

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 any BSR grant awarded be mailed to the financial aid office in care of myself. I will provide a copy of my grades or transcripts to the BSR Higher Education Office at the end of each term.

Student Signature _____ Date _____