

White Mountain Apache Tribe
Office of Higher Education
P.O. Box 250 Whiteriver, AZ 85941
Phone: 928.338.5113
aliciabegolin@wmat.us

**WHITE MOUNTAIN
APACHE TRIBE
SCHOLARSHIP
APPLICATION**



STUDENT NAME: _____

Congratulations on continuing your education. We are enthusiastic you have taken the 1st step to pursue your educational goals to benefit yourself as well as others. Please use the following checklist to help ensure your application is complete, please note deadlines to turn in required documentation.

If you have any questions or concerns, please don't hesitate to give us a call at 928.338.5113

Good Luck,

Office of Higher Education

All applicants should be aware that EACH missed deadline has a penalty of **\$250.00 DEDUCTION**, if eligible for the Scholarship award.

SCHOLARSHIP CHECKLIST FUNDING

1st DEADLINE
FALL
MARCH 15th

SPRING
SEPTEMBER 15TH

*Listed Documents **must** be received at Higher Ed or posted mark by this date.

Date Received

Completed _____ 20__ WMAT Scholarship Application

Copy of a completed 20__-20__ Free Application for Federal Student Aid (FAFSA/Pell Grant). FAFSA on the internet: <http://www.fafsa.ed.gov>

Tribal Affidavit of Enrollment for the White Mountain Apache Tribe
(1st Semester Students Only)

FINAL DEADLINE
JUNE 30th

NOVEMBER 30TH

*Listed Documents **must** be received at Higher Ed or posted mark by this date.

***Incoming Freshmen Students: (If you have not attended college, vocational tech, or a university.)**

Letter of Admission from the College you will be attending

Official High School Transcript or GED Certificate

ASSET/COMPASS Test (High School Graduates starting May 2002)
Test Date: _____ Results: _____

****Continuing Students Only: (If you are currently or have attended college, vocational tech, or a university.)**

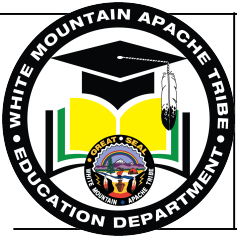
Pre-Registration from College or Letter of Admission you will be attending to. GRADUATE STUDENTS MUST SUBMIT AN ACCEPTANCE LETTER FROM SPECIFIC GRADUATE STUDY PROGRAM.

Official Transcript from the last College, Voc. Tech., or University.

*****ALL STUDENTS:**

Financial Needs Analysis (FNA) completed by the Financial Aid Office of your College. Please Submit FNA to College ASAP.

FAFSA Submission Summary from FAFSA or Department of Education



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TERM(S) APPLYING FOR:
20__ FALL/20__ SPRING SEMESTERS
20__ FALL/20__ WINTER/SPRING QUATERS

Please Check One: Senior (90+Credit Hour)
 Freshmen (1-29 Credit Hours) Master's Degree
 Sophomore (30-59 Credit Hour) J.D.
 Junior (60-89 Credit Hour) Ph D. M.D.

Date

Applicant Name: (Last) (First) (Middle Initial) (Maiden Name) Male Female

SSN Date of Birth WMAT Enrollment # Your degree of WMAT Blood

Permanent Mailing Address: City State Zip Code

Address while attending school: City State Zip Code

Home Phone Cell/Work/Message Phone Email Address Alternative Email Address

Emergency Contact: (Name) (Phone number/s) (Relationship to you)

High School or G.E.D. Center (Name & Location) H.S. Diploma or GED received: Month/Year ____ / ____

College or University You Will Attend (Name, City, Zip Code) Type of Term: Semester Quarter Trimester

Undergraduate Major: Undergraduate Minor (if applicable): Anticipated Date of Graduation Month/Year ____ / ____

Graduates Only Program or Department Accepted Into: Anticipated Date of Graduation Month/Year ____ / ____

Have you received a WMAT Scholarship before: If Yes, When and What Institution

Have you been on Academic PROBATION or Academic SUSPENSION? Yes No If Yes, When (mm/yyyy) and What Institution

Are you a veteran? Yes No Please list all other grants, aids, loans or Scholarship you have applied for:

Do you have a Disability? Yes No If Yes, please list :
If claiming disability, submit appropriate documentation of your disability signed by your physician/health care provider.

**NO INFORMATION ABOUT YOUR FILE WILL BE RELEASED
UNLESS YOU COMPLETE THIS SECTION.**
Release of Information: I authorize the Office of Higher Education to release the necessary records regarding my financial funding or academic progress to the following individuals and/or institutions. _____
Signature: _____

Very Important PLEASE **review, read and sign** on Page 3 for Rules and Regulations!



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RULES AND REGULATIONS

Eligibility Requirements for the WMAT Scholarship:

- ◆ Be an enrolled member of the WMAT
- ◆ Be a High School or GED Graduate
- ◆ Be admitted to an accredited college, university or vocational school
- ◆ Completed and processed FAFSA
- ◆ Completed all documents required by the Financial Aid Office at the educational institution you will attend (FNA)
- ◆ Meet the deadlines required by the WMAT Higher Education Office
- ◆ Must submit official transcripts from school attended after each semester funded.
- ◆ In Junior Year, must submit a program of study to the Office of Higher Education

In order to keep scholarship once received, you must meet the following requirements:

- ◆ Freshmen students must maintain a 1.7 GPA
- ◆ Sophomore students must maintain a 2.0 GPA
- ◆ Graduate and Post-Graduate students must maintain a 3.0 GPA
- ◆ Full time undergraduate must carry and complete a minimum of 12 Credit Hours per Semester
- ◆ ALL APPLICATIONS MUST SUBMIT AN OFFICIAL COLLEGE TRANSCRIPT OF EACH SEMESTER ENROLLED AND CURRENT CLASS SCHEDULE BY THE DEADLINE.

PROBATION:

Status in which a student falls below the GPA requirements or below 12 credit hours will result in probation. Freshmen students must achieve a minimum GPA of 1.70, Sophomore-Senior students must achieve a 2.0 and Post-Graduate students must achieve a 3.0. Probation notification will be placed in the student's file. Students on probation must make-up the failed courses or credit hours at their own expense. If a student completes 15 hours at 1.5 GPA, the student must obtain at least a 2.5 GPA in their next semester. Students who take a winter or summer course to make up for missing courses can do so at their own expense. However, these courses must go towards the student's degree plan. Notification of probationary status will only be given if student has submitted all official transcripts.

SUSPENSION:

A condition of ineligibility, due to unmet scholarship requirements will result in suspension. Funded student automatically goes on suspension by two consecutive terms on probation or by falling below completing six credit hours in a Fall or Spring semester; students must maintain full-time status (12+ credits). In addition, funded students will be placed on suspension if their GPA falls at or below 1.0 Notification of suspended status will be based on the unofficial and official transcripts received by the Office of Higher Education. To become eligible for the scholarship again after suspension (s), the student must make up 12 credits at 2.00 GPA or above at his/her own expense.

I certify that the information on this application is true and correct. I have read and understand the requirements above and acknowledge that violations of the policy may result in suspension from the WMAT Tribal Scholarship. If my application is approved I will abide by all of the scholarship guidelines.

Applicant Signature

Date



ESSAY

In space below, please indicate your education goals and future plans for utilizing your Scholarship.
(Minimum of 150 words)



A large area for writing an essay, consisting of multiple horizontal lines for text entry.



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Whiteriver, Arizona 85941
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**FINANCIAL NEEDS ANALYSIS
(FNA)**



Name: _____	Date: _____
Student ID: _____	Address: _____
I authorize and allow the financial aid office to release my financial aid and any other relevant information to the White Mountain Apache Tribe Office of Higher Education. Please send my completed FNA.	
_____	_____
Applicant Signature	Date

REMAINDER OF FORM TO BE COMPLETED BY FINANCIAL AID OFFICE

This student is considered:	Independent	Dependent
<p style="text-align: center;"><u>EXPENSES</u></p> Tuition/Fees: _____ Room/Board: _____ Books/Supplies _____ Total: _____ Transportation: _____ Personal: _____ Child Care: _____ Misc: _____ Total Expenses: _____	<p style="text-align: center;"><u>RESOURCES</u></p> Student Contribution: _____ Spouse Contribution: _____ Parent Contribution: _____ VA Benefits: _____ Social Security: _____ Voc. Rehab: _____ Scholarship/Waivers: _____ Total Resources: _____	<p style="text-align: center;"><u>AWARDS</u></p> Pell: _____ SEOG: _____ Work Study: _____ LEAP: _____ Safford Loan: _____ Perkins Loan: _____ Other: _____ Total Awards: _____

Start of Academic Term: _____ End of Academic Term: _____ Total Credits this term: _____	Total Expenses minus Total Resources = Financial Need: _____ Total Financial Need minus Total Awards = Unmet Need: _____ Has student been suspended from campus base aid? Yes No _____ Date FNA received by your office: _____
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Printed Name of Financial Aid Officer	Signature	Date	Telephone Number
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School Name: _____
School Address: _____

PLEASE MAIL OR FAX COMPLETED AND SIGNED FORM TO:
White Mountain Apache Tribe Office of Higher Education
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Fax: (928) 338-1869