



760.873.5740

Applying for Tribal Scholarship

Applying for BIA Scholarship

**Personal Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Telephone: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Alt. Telephone: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_

Check one: Higher Education

Vocational

**Higher Education / Adult Vocational Training Information**

Name of Vocational School or College you are attending: \_\_\_\_\_

Number of registered credits/hours this semester: \_\_\_\_\_

Are you considered full-time? Yes  No  Are you considered part-time? Yes  No

Class Standing:  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: \_\_\_\_\_ College 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: \_\_\_\_\_

**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, 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: \_\_\_\_\_



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**Bishop Paiute Tribe Financial Needs Analysis Form**

**Academic Year: 2023-2024**

**Part A – To be completed by applicant**

Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Student Resides: On Campus Off Campus With Parents

Other: \_\_\_\_\_

Marital Status: Single Married Divorced Separated

Number of Dependents: \_\_\_\_\_  
(Based on FAFSA Application)

**Part B – To be completed by FINANCIAL AID OFFICER**

The student above 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 needs information is required through your office before the Bishop Paiute Scholarship Committee can proceed with this application. Thank you for your assistance.

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

Class Standing: Freshman Sophomore Junior Senior Graduate Vocational

Student is considered: Dependent Independent

**Budget: To be completed by FINANCIAL AID OFFICER**

**Estimated Cost:**

Tuition/Fees:	\$ _____
Room/Board	\$ _____
Books/Supplies	\$ _____
Transportation	\$ _____
Personal Child Care	\$ _____
Other: _____	\$ _____
<b>TOTAL EXPENSES:</b>	<b>\$ _____</b>

Pell Grant:	\$ _____	\$ _____
WS:	\$ _____	\$ _____
GSL:	\$ _____	\$ _____
Perkins Loan:	\$ _____	\$ _____
Cal Grant:	\$ _____	\$ _____
SEOG:	\$ _____	\$ _____
EOP&S:	\$ _____	\$ _____
VA:	\$ _____	\$ _____
BEOG:	\$ _____	\$ _____
BOG Waiver:	\$ _____	\$ _____
Personal:	\$ _____	\$ _____
Family:	\$ _____	\$ _____
Other:	\$ _____	\$ _____
<b>TOTAL RESOURCES:</b>	<b>\$ _____</b>	<b>\$ _____</b>

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: \_\_\_\_\_

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 granted 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.
  2. I will return my unused portion of my Scholarship to the Bishop Paiute Tribe upon withdrawal from school.
  3. 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 Tribe/BIA Scholarship.
  4. I will adhere to the terms in the signed Student Agreement.
- If 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: Tamia Shoshone, College and Career Counselor 50 Tu Su Lane, Bishop, CA 93514, or emailed to [tamia.shoshone@bishoppaiute.org](mailto:tamia.shoshone@bishoppaiute.org), or faxed to (760) 873-4738.**

\_\_\_\_\_  
Name of Financial Aid Officer Signature Telephone Date

\_\_\_\_\_  
Name of Student Signature Telephone Date



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### 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) or as a part-time student (6 to 11.5 units).

\_\_\_\_\_ Official institution verification of full-time status for the Spring 2024 semester.

\_\_\_\_\_ Completion of less than full-time or part-time during the Spring 2024 semester will result in probation penalties, and/or no funding for the Fall 2024 term and/or repayment of monies as stipulated by the Scholarship Committee.

\_\_\_\_\_ I agree to immediately notify the College and Career Counselor 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 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.

\_\_\_\_\_ I understand that the submission of my scholarship application exceeding the deadline will jeopardize my eligibility for both Tribal and BIA Scholarships and my application will not be considered for review.

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: \_\_\_\_\_



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## Authorization

I, \_\_\_\_\_, hereby give permission to the following persons to pick up my scholarship checks, or to speak with employees of the Bishop Indian Education Center on my behalf.

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

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

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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.

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Authorizing Signature (Student)

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Date

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College and Career Counselor Signature

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Date



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## Checklist

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

- Completed 2023 | 2024 Tribal | BIA Application
- Signed Student Agreement and Authorization
- 2023 | 2024 -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 Summer 2024 College/Vocational Enrollment
- Summer 2024 Class Schedule
- Unofficial Transcripts from College/Vocational School
- High School Transcripts or GED Freshman only
- Proof of Tribal Enrollment Resolution or Current Tribal ID (front & back)
- Essay (400-word minimum): Describe your Educational Goals and how the classes you are taking will help you achieve your goals.
  
- Proof of Completion of FAFSA printout of the submission confirmation or SAR (Student Aid Report).

## BIA APPLICANTS ONLY

- Proof of Completion of FAFSA printout of the submission confirmation or SAR (Student Aid Report).

**\* YOU MUST BE PELL GRANT ELIGIBLE TO QUALIFY FOR THE BIA SCHOLARSHIP**