



QUECHAN INDIAN TRIBE
Higher Education /Vocational Training Department
P.O. Box 1899 Yuma, AZ 85366
PHONE: (760) 919-3653 FAX: (760)572-3069

The Quechan Indian Tribe encourages anyone interested in pursuing a vocational training to complete the application process through the Quechan Education Department.

HIGHER EDUCATION RECERTIFICATION

SCHOLARSHIP APPLICATION

Application Deadline: May 1st (Fall) / October 1st (Spring)

The entire process takes approximately 45-60 days to complete.

IT'S THAT TIME OF THE YEAR FOR YOU TO RECERTIFY AS A PARTICIPANT! AS YOU ARE ABOUT TO READ AND FILL OUT THIS APPLICATION A QUESTION BEFORE YOU BEGIN; HAVE YOU ALREADY COMPLETED THE FOLLOWING STEPS:

1. APPLIED FOR FAFSA (FREE APPLICATION FOR FEDERAL STUDENT AID)
2. REQUEST OFFICIAL TRANSCRIPTS

PLEASE READ THOROUGHLY AND FILL OUT THE NECESSARY INFORMATION, PAY EXTRA ATTENTION TO THE CHECKLIST ON PAGE 1.

AND REMEMBER AS A PARTICIPATING STUDENT:

IT IS YOUR RESPONSIBILITY TO TURN IN ALL DOCUMENTS REQUIRED. ALL DOCUMENTS **MUST** BE TURNED IN ON THE SPECIFIED DEADLINE DATE. **NO EXCEPTIONS!**

YOU ARE RESPONSIBLE TO MAINTAIN CONTACT WITH THE DEPARTMENT; THE VOCATIONAL TRAINING/VOCATIONAL TRAINING DEPARTMENT WILL NOT ENTERTAIN CALLS FROM OTHER PARTIES. THE DEPARTMENT WILL NOT RELEASE ANY INFORMATION OR ANSWER GENERAL QUESTIONS REGARDING YOUR APPLICATION OR FILE.

YOU UNDERSTAND A COMPLETE APPLICATION DOES NOT GUARANTEE FUNDING.

NOTICE:

APPLICATION INTAKE PROCESS TAKES 3 TO 5 DAYS; YOU WILL THEN BE NOTIFIED OF YOUR APPLICATION STATUS.

SCHOLARSHIPS ARE AWARDED ON THE AVAILABILITY OF PROGRAM FUNDS.

AN INCOMPLETE APPLICATION OR LATE APPLICATION VOIDS APPEAL PROCESS.



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QUECHAN TRIBE HIGHER EDUCATION RECERTIFICATION SCHOLARSHIP APPLICATION

Applicant Name: _____ **Date:** _____

HIGHER EDUCATION RECERTIFICATION APPLICATION CHECKLIST

YOUR COMPLETE RECERTIFICATION EDUCATION PACKET MUST CONSIST OF:

- ☐ 1. COMPLETE QUECHAN TRIBE HIGHER EDUCATION RECERT SCHOLARSHIP APPLICATION.
- ☐ 2. CLASS SCHEDULE FOR THE APPLYING SEMESTER.
- ☐ 3. OFFICIAL TRANSCRIPT (FROM LAST SEMESTER ATTENDED)
- ☐ 4. UPDATED FERPA.
- ☐ 5. HOUSING ACKNOWLEDGMENT.
- ☐ 6. PROOF OF FAFSA SUBMISSION
- ☐ 7. 3 OUTSIDE SCHOLARSHIP SUBMISSIONS.

I _____, ACKNOWLEDGE THAT I HAVE SUBMITTED AN APPLICATION TO THE HIGHER EDUCATION DEPARTMENT. IF THERE ARE ANY DOCUMENTS MISSING FROM THE CHECKLIST ABOVE, I UNDERSTAND THAT IT IS **MY** RESPONSIBILITY TO PROVIDE **ALL** DOCUMENTS BY THE SPECIFIED DEADLINE DATE. I AM AWARE THAT IF MY APPLICATION IS INCOMPLETE IT WILL NOT BE FORWARDED ON TO THE HIGHER EDUCATION BOARD FOR THEIR REVIEW AND CONSIDERATION; I MAY REAPPLY WITH A NEW APPLICATION FOR THE FOLLOWING DEADLINE DATE. I FURTHER UNDERSTAND THAT BY SUBMITTING A COMPLETE APPLICATION I AM NOT GUARANTEED A TRIBAL SCHOLARSHIP

APPLICANT SIGNATURE

DATE

QUECHAN TRIBE HIGHER EDUCATION RECERTIFICATION SCHOLARSHIP APPLICATION



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QUECHAN TRIBE HIGHER EDUCATION RECERTIFICATION SCHOLARSHIP APPLICATION

ELIGIBILITY DETERMINATION

A QUECHAN TRIBE HIGHER EDUCATION SCHOLARSHIP MEETS ONLY A PORTION OF TOTAL EDUCATIONAL COSTS, WHICH ARE BASED ON A NATIONAL ASSESSMENT. TRIBAL APPLICANTS ARE TO APPLY FOR THE FOLLOWING AND PROVIDE VERIFICATION OF APPLICATION:

- PELL GRANT
- ACADEMIC & ACTIVITY SCHOLARSHIPS
- SUPPLEMENTAL EDUCATION OPPORTUNITY GRANT
- LOAN PROGRAM (IF NEEDED)
- COLLEGE WORK STUDY PROGRAM
- NATIVE AMERICAN WAIVER

THE QUECHAN TRIBE EDUCATION BOARD REVIEWS THE APPLICATION AND MAKES A RECOMMENDATION TO THE QUECHAN TRIBAL COUNCIL WHICH HAS THE FINAL DECISION FOR SCHOLARSHIP AWARDS.

THE APPLICANT IS RESPONSIBLE FOR SUPPLYING FINANCIAL, ACADEMIC AND PERSONAL INFORMATION. QUESTIONS CAN BE REFERRED TO THE INSTITUTE'S FINANCIAL AID OFFICER OR THE QUECHAN EDUCATION DIRECTOR.

RECIPIENTS OF THE QUECHAN HIGHER EDUCATION SCHOLARSHIP WILL:

1. BE A FULL-TIME STUDENT AT AN ELIGIBLE INSTITUTION (12 OR MORE CREDITS)
2. MAINTAIN A SATISFACTORY GRADE POINT OF 2.0 OR ABOVE ("C" AVERAGE).
3. ATTEND SCHOOL ON A REGULAR BASIS WITH MINIMAL ABSENCES.
4. INFORM THE INSTITUTE'S FINANCIAL AID OFFICER AND THE QUECHAN EDUCATION DIRECTOR IF ANY CIRCUMSTANCES CHANGE.
5. MAIL REPORTS/GRADES TO THE QUECHAN EDUCATION OFFICE AT THE END OF THE SEMESTER. FAILURE TO SUBMIT GRADES MAY DELAY FUNDS FOR THE FOLLOWING SEMESTER OR MAY BECOME INELIGIBLE FOR FUNDING.
6. PROVIDE A COPY OF OTHER SCHOLARSHIP GRANT RESULTS, I.E., PELL, SEOG GRANT, AND CONTEST SCHOLARSHIPS.

I HAVE READ AND WILL COMPLY WITH THE INFORMATION REQUESTED, IF I HAVE ANY QUESTIONS OR CONCERNS I WILL DIRECT THEM TO THE HIGHER EDUCATION/VOCATIONAL TRAINING DEPARTMENT. I UNDERSTAND THAT THE APPLICATION PROCESS IS MY RESPONSIBILITY TO SEE THROUGH FROM START TO POTENTIAL APPROVAL. I WILL NOT HOLD ANYONE BUT MYSELF RESPONSIBLE IF THERE IS A LACK OF COMMUNICATION ON MY PART. IF MY APPLICATION IS INCOMPLETE OR RECEIVED AFTER THE DEADLINE DATE I UNDERSTAND THAT I DO NOT HAVE A RIGHT TO APPEAL TO THE QUECHAN TRIBAL COUNCIL AS IT WAS MY RESPONSIBILITY TO GET THE COMPLETE APPLICATION PACKET TO THE DEPARTMENT BY THE SPECIFIED DATE.

SIGNATURE

DATE

ALL RECORDS SUBMITTED REMAIN CONFIDENTIAL/ PLEASE RETURN BACK TO THE QUECHAN EDUCATION OFFICE.



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PLEASE COMPLETE THE REQUESTED INFORMATION FOR THE QUECHAN EDUCATION DEPARTMENT ASSESSMENT.

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LAST NAME:	FIRST:	M.I.:	DATE:		
PHYSICAL ADDRESS:			CITY:	STATE:	ZIP:
MAILING ADDRESS:			CITY:	STATE:	ZIP:
TRIBAL AFFILIATION: _____					
ENROLLMENT NUMBER: _____					
HOME PHONE: ()			BUSINESS PHONE ()		
SOCIAL SECURITY NO.:					
DATE OF BIRTH:					
EMAIL ADDRESS:					

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COURSE OF STUDY:	APPLICATION REQUEST YEAR:	TERM: (FALL, WINTER, SPRING, SUMMER)
SCHOOL STATUS: (FRESHMAN, SOPHOMORE, JUNIOR, SENIOR, ...)		
CREDITS COMPLETED:	TOTAL CREDITS PROGRAM REQUIRES:	
CURRENT GPA:	EXPECTED GRADUATION DATE:	
EXPECTED DEGREE:	ADVISORS NAME?	
ARE YOU ON TRACK TO GRADUATE ON YOUR ORIGINAL LISTED GRADUATION DATE? IF NO, PLEASE EXPLAIN WHY IN THE BOX BELOW. (CONTACT THE DEPARTMENT IF YOU ARE UNSURE OF ORIGINAL LISTED DATE)	HAVE YOU MET WITH YOUR ADVISOR? IF YES, WHEN? IF NO, WHY NOT?	
EXPLANATION:		
NAME OF INSTITUTION:		SCHOOLS PHONE#:
SIGNATURE:	DATE:	



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QUECHAN TRIBE **HIGHER EDUCATION RECERTIFICATION** SCHOLARSHIP APPLICATION

PART I TO BE COMPLETED BY THE STUDENT:

LAST NAME:		FIRST:		M.I.:		DATE:	
PHYSICAL ADDRESS:		CITY:	STATE:	ZIP:	HOME PHONE:	CELL PHONE:	
MAILING ADDRESS:		CITY:	STATE:	ZIP:	SOCIAL SECURITY NO.:		
MARITAL STATUS:					NUMBER OF DEPENDENTS:		
EXPECTED COMPLETION DATE:				EXPECTED DEGREE:			
SIGNATURE:							

PART II TO BE COMPLETED BY FINANCIAL AID OFFICER:

Period Covered: _____ to _____ ☐ Fall ☐ Winter ☐ Spring ☐ Summer

Student Status: ☐ Dependent ☐ Independent

EXPENSES:

Tuition: \$ _____
Required Fees: \$ _____
Books: \$ _____
Dorm Cost: \$ _____
Meal Plan: \$ _____
(Specify) Other: \$ _____
Total Expenses: \$ _____

RESOURCES:

Parent:	\$ _____	Pell Grant:	\$ _____
Student:	\$ _____	SEOG:	\$ _____
Spouse:	\$ _____	Perkins:	\$ _____
Veteran:	\$ _____	Stafford (SUB):	\$ _____
Social Security:	\$ _____	(UNSUB):	\$ _____
Welfare/TANF:	\$ _____	Scholarship:	\$ _____
Indian Scholarship:	\$ _____	Other:	\$ _____

Total Resources: \$ _____

Financial Aid Officer (Print): _____ Email Address: _____

Name of Institution: _____

Address: _____

Phone: _____ Fax: _____

F.A.O Signature: _____ Date: _____

FINANCIAL AID ANALYSIS



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ARE THERE ANY ISSUES/BARRIERS YOU WOULD LIKE TO RELAY TO THE DEPARTMENT OR EDUCATION BOARD? GRADES, ATTENDANCE, REPEAT COURSES, COURSES NOT ON COURSE OUTLINE, ETC, ETC...

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HOUSING ACKNOWLEDGMENT

I, _____, I understand that if I choose to live off campus I am allotted a maximum of \$1,650.00 for rental assistance and if the amount exceeds \$1,650.00, I will be responsible for the difference. If my lease is less than the allotted amount, I understand that I will only be eligible amount plus utilities assistance, if the amount does not exceed \$1,650.00. On-Campus housing(dorms or campus apartments) are subjected to dorm and meal prices that are submitted.

I, _____, understand that may be eligible for housing assistance if:

1. I f my physical address is less than 50 miles from the institution one way.
2. I am a full-time student with a class schedule with more than 51% of class in-person.

PLEASE CHECK THE BOX THAT APPLIES TO YOUR HOUSING SITUATION.

- ☐ I WILL BE LIVING ON CAMPUS.
- ☐ I WILL BE LIVING OFF CAMPUS.
- ☐ I WILL NOT NEED/AM NOT ELIGIBLE FOR HOUSING ASSISTANCE.

SIGNATURE

DATE