



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 higher education to complete the application process through the Quechan Education Department.

VOCATIONAL TRAINING SCHOLARSHIP APPLICATION

The entire process takes approximately 30-45 days to complete.

PLEASE BE AWARE OF THE ESTABLISHED DEADLINE DATES AND PROJECTED START DATES!

THE THE FOLLOWING STEPS MUST BE COMPLETED BEFORE SUBMITTING THIS APPLICATION:

1. APPLIED FOR SCHOOL AND HAVE BEEN ACCEPTED
2. APPLIED FOR FAFSA (FREE APPLICATION FOR FEDERAL STUDENT AID)
3. PAID FOR YOUR INITIAL FEES
4. REQUEST OFFICIAL TRANSCRIPTS

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

AND REMEMBER AS THE POTENTIAL 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 HIGHER EDUCATION/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:

IF YOU ARE CURRENTLY IN SCHOOL OR START SCHOOL BEFORE OFFICIAL APPROVAL (IF APPROVED) YOU ARE RESPONSIBLE FOR THE COST OF THE PROGRAM. THE DEPARTMENT WILL NOT PAY FOR PREVIOUSLY ATTENDED CLASSES OR REIMBURSE FOR MONIES SPENT.

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.

APPROVED DEADLINE DATES	FOR A PROJECTED START DATE
JANUARY 31ST	MARCH 1ST
APRIL 1ST	MAY 1ST
JULY 1ST	AUGUST 1ST
OCTOBER 1ST	NOVEMBER 1ST

AN INCOMPLETE APPLICATION OR LATE APPLICATION VOIDS APPEAL PROCESS.



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Applicant Name: _____ Date: _____

VOCATIONAL TRAINING APPLICATION CHECKLIST

YOUR COMPLETE PACKET MUST CONSIST OF:

1. COMPLETE QUECHAN TRIBE VOCATIONAL TRAINING SCHOLARSHIP APPLICATION.
2. A LETTER OF ACCEPTANCE FROM THE ELIGIBLE INSTITUTION FOR THE CURRENT ACADEMIC YEAR.
3. CLASS SCHEDULE FOR THE APPLYING SEMESTER.
4. PROVIDE A COPY OF A SIGNED STUDENT RELEASE FORM (F.E.R.P.A.) PROVIDED BY SCHOOL GIVING DEPARTMENT PERMISSION TO SEEK GENERAL INFORMATION. IF THE SCHOOL DOES NOT HAVE A FERPA, PLEASE PROVIDE DOCUMENTATION FROM THE SCHOOL STATING THEY DO NOT HAVE A FERPA.
5. A PERSONAL STATEMENT INCLUDING WHY YOU WISH TO PURSUE THIS ROUTE OF EDUCATION AND HOW YOU WILL USE IT.
6. ONE LETTER OF RECOMMENDATION FROM A PROFESSIONAL SOURCE **MUST BE DATED AND SIGNED BY REFERENCE WITHIN THE LAST YEAR.**
7. OFFICIAL SEALED TRANSCRIPT(S) FOR LAST ATTENDED COLLEGE OR IN THE EVENT OF NO COLLEGE ATTENDANCE, HIGH SCHOOL TRANSCRIPTS WILL SUFFICE.
8. HOUSING ACKNOWLEDGMENT
9. PROOF OF TRIBAL ENROLLMENT.
10. PROOF OF FAFSA SUBMISSION.
11. PROOF OF 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



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QUECHAN TRIBE VOCATIONAL TRAINING SCHOLARSHIP APPLICATION

ACKNOWLEDGEMENT & ELIGIBILITY DETERMINATION

A QUECHAN TRIBE VOCATIONAL TRAINING 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 HIGHER 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.
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.

P E R S O N A L I N F O	LAST NAME: _____ FIRST: _____ M.I.: _____			DATE: _____			
	PHYSICAL ADDRESS: _____		CITY: _____	STATE: _____	ZIP: _____	CELL PHONE: () _____	IS TEXT OKAY? YES OR NO
	MAILING ADDRESS: _____		CITY: _____	STATE: _____	ZIP: _____	SOCIAL SECURITY NO.:	
	EMAIL ADDRESS: _____						DATE OF BIRTH: _____

G E N E R A L S C H O O L I N F O R M A T I O N	HIGH SCHOOL ATTENDED: (NAME AND LOCATION)			GRADUATION/ G.E.D. DATE:		
	LAST COLLEGE ATTENDED:					
	HAVE YOU UTILIZED THE HIGHER EDUCATION PROGRAM BEFORE?			IF SO, WHAT YEAR?		
	SCHOOL STATUS: (FRESHMAN, SOPHOMORE, JUNIOR, ETC...)			HOUSING: (DORMS, COLLEGIATE, W/ PARENTS, ETC...)		
	VETERAN:		MARITAL STATUS:		HOW FAR IS SCHOOL FROM PERMANENT RESIDENCE: (MILES)	
	APPLICATION REQUEST YEAR:			SEMESTER: (FALL, WINTER, SPRING, SUMMER)		
	NAME OF INSTITUTION:				SCHOOLS PHONE#:	
	COURSE OF STUDY:		EXPECTED DEGREE:		EXPECTED GRADUATION DATE:	
	I DECLARE THAT ANY/ALL FUNDS RECEIVED FROM THE QUECHAN INDIAN TRIBE HIGHER EDUCATION SCHOLARSHIP WILL DIRECTLY BE APPLIED TO THE EXPENSES OF ATTENDING:					
	SIGNATURE:				DATE:	



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QUECHAN TRIBE VOCATIONAL TRAINING SCHOLARSHIP APPLICATION

PART I TO BE COMPLETED BY THE STUDENT:

FINANCIAL ANALYSIS NEEDED	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 _____ Spring Fall Summer Student Status: Dependent Independent

EXPENSES:	RESOURCES:
Tuition: \$ _____	Parent: \$ _____ Pell Grant: \$ _____
Required Fees: \$ _____	Student: \$ _____ SEOG: \$ _____
Books: \$ _____	Spouse: \$ _____ Perkins: \$ _____
Dorm Cost: \$ _____	Veteran: \$ _____ Stafford (SUB): \$ _____
Meal Plan: \$ _____	Social Security: \$ _____ (UNSUB): \$ _____
(Specify) Other: \$ _____	Welfare/TANF: \$ _____ Scholarship: \$ _____
Total Expenses: \$ _____	Indian Scholarship: \$ _____ Other: \$ _____
	Total Resources: \$ _____

Financial Aid Officer (Print): _____

Email Address: _____

Name of Institution: _____

Address: _____

Phone: _____ Fax: _____

F.A.O Signature: _____ Date: _____



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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.

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RELEASE OF INFORMATION

I, _____ AUTHORIZE THE QUECHAN INDIAN TRIBE HIGHER EDUCATION/ VOCATIONAL TRAINING DEPARTMENT TO RELEASE ALL RECORDS REGARDING MY TRIBAL SCHOLARSHIP OR ANY OTHER DOCUMENTS RELATING TO MY EDUCATIONAL PACKAGE TO:

(NAME OF INSTITUTION)

SIGNATURE DATE

I, _____ AUTHORIZE _____
(NAME OF INSTITUTION)
TO RELEASE ALL RECORDS REGARDING MY FINANCIAL AID PACKAGE, ACADEMIC PROGRESS AND ATTENDANCE RECORDS TO THE QUECHAN INDIAN TRIBE HIGHER EDUCATION DEPARTMENT.

SIGNATURE DATE

PRESS RELEASE TO NEWSPAPER/NEWSLETTER

I CONSENT TO HAVING MY NAME PUBLISHED IN THE QUECHAN NEWSLETTER FOR ANY EDUCATIONAL ACCOMPLISHMENT ACHIEVED.

SIGNATURE DATE



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PRIVACY AND PAPERWORK REDUCTION ACT

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 INDIVIDUAL APPLYING FOR SERVICES. SOME INFORMATION WILL BE USED TO PRODUCE STATISTICAL RECORDS REQUIRED OF THE OFFICE OF INDIAN EDUCATION PROGRAMS; HOWEVER, DIRECT ASSOCIATION OF NAME INFORMATION WILL BE HELD IN CONFIDENCE.

I, _____ HEREBY CERTIFY THAT THE ABOVE INFORMATION ON THE SCHOLARSHIP APPLICATION FORMS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I CONSENT TO THE RELEASE OF THIS INFORMATION TO NECESSARY AGENCIES TO COMPLETE THE APPLICATION PROCESS. I REQUEST THAT THE SCHOLARSHIP, IF AWARDED, BE MAILED TO THE FINANCIAL AID OFFICE AT THE INSTITUTION. I WILL PROVIDE A COPY OF GRADES/TRANSCRIPT TO THE QUECHAN EDUCATION OFFICE AT THE END OF EACH TERM.

STUDENT SIGNATURE

DATE