



**MESCALERO APACHE TRIBE  
FINANCIAL NEEDS ANALYSIS FORM**

A. Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
First Middle Last  
 Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Permanent Mailing Address: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ No. of Dependents: \_\_\_\_\_

B. Classification (Fr., So. etc.): \_\_\_\_\_ Enrollment Status: (Full or part-time) \_\_\_\_\_  
 Degree Pursing (assoc., bach. or master) \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_  
 Where will you be living for this academic year? On Campus \_\_\_\_\_ Off Campus \_\_\_\_\_ With Parents \_\_\_\_\_

*I hereby give permission to the Financial Aid Office to release any information on my financial aid and academic status to the Mescalero Tribal Higher Education program, which is subject for review and approval by the Tribal Education committee.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

C. **[OFFICE USE ONLY]**  
**To be completed ONLY by the Financial Aid Officer at the College or University!**

\_\_\_\_\_ Student is suspended from campus based aid due to failure to maintain satisfactory progress.

Student is considered: Independent \_\_\_\_\_ Dependent \_\_\_\_\_

Financial Aid requested will cover expenses for the following period:

Month \_\_\_\_\_ Year \_\_\_\_\_ To Month \_\_\_\_\_ Year \_\_\_\_\_

EXPENSES:		RESOURCES:			
Tuition	\$ _____	Parental Contr.	\$ _____	Bridge Scholar	\$ _____
Fees	\$ _____	Student Contr.	\$ _____	University Grant	\$ _____
Room & Board	\$ _____	NM Lottery Schlr.	\$ _____	University Schl.	\$ _____
Books & Supplies	\$ _____	Pell Grant	\$ _____	Federal Scholar	\$ _____
Personal	\$ _____	S.S.I.G.	\$ _____	Stafford Sub	\$ _____
Transportation	\$ _____	S.E.O.G.	\$ _____	Stafford Unsub	\$ _____
Other (Explain)	\$ _____	C.W.S.	\$ _____	Perkins Loan	\$ _____
Other (Explain)	\$ _____	Gates Scholar	\$ _____	Federal SLS	\$ _____
		Vet. Benefits	\$ _____		\$ _____
		Tuition Waiver	\$ _____		\$ _____

Total Expenses: \$ \_\_\_\_\_ Total Resources: \$ \_\_\_\_\_

(Total Expenses – Total Resources = Unmet Need) UNMET NEED AMOUNT: \$ \_\_\_\_\_

Signature of Financial Officer \_\_\_\_\_ Telephone No. \_\_\_\_\_ DATE \_\_\_\_\_

## PRIVACY STATEMENT

The Privacy Act of 1874 requires each Federal agency that maintains a system of information on individuals to inform those individuals as to:

- A. The authority (whether granted by statute, or by executive order of the President) which authorizes the solicitation of information and whether disclosure of such Information is mandatory or voluntary;
- B. The Principal purpose or purposes for which the information is intended to be used;
- C. The routine uses of which may be made of the information, as published pursuant To paragraph (4) (d) of this subsection: and
- D. The effects on him, if any, for not providing all or any part of the requested information.

The Bureau of Indian Affairs Higher Education Assistance Program operates under the general Authority of 24 USC, Chapter 13, 42 STAT. 208 P.L. 67-85 with specific legislation contained in 25 USC, Subchapter E, Part 32, Administration of Educational loans, grants and other assistance for Higher Education.

In accordance with the accountability required for the administration of the funds appropriated for the program in order to provide services to recipients, and to declare eligibility, certain information is required of applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request. The applicant should understand that the intent of collecting and maintaining this data on individuals is for determining eligibility of the applicant and to provide the means for producing certain statistical records required of this office. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining higher education assistance under this program.

I have read that statement on privacy listed with the applicant form. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
EDUCATION DIR. /ASST. DIR.

\_\_\_\_\_  
Date Signed

**MESCALERO APACHE TRIBE**  
**Tribal Education Department**  
**PO Box 227**  
**148 Cottonwood Drive**  
**Mescalero, NM 88340**  
**PH: 575-464-9243**

Dear Registrar:

The following student is a recipient of the Mescalero Tribal Scholarship funds. Part of the requirement is that the student provides our office with a final copy of his/her grades each semester, in order for the student to receive the upcoming semester funds.

Please mail the information requested to the above address.

**Student Information:**

_____	_____	_____	_____
Last	First	Middle (print name as carried on records at university)	
_____	_____	_____	_____
Student's Address	City	State	Zip Code
_____	_____	_____	_____
Social Security Number	Date of Birth	Academic Year	

*If for any reason you are unable to comply with the above request, please let us know, as the below records requested are needed to further their education.*

**Grades to be released:**

	Year
Fall	_____
Winter	_____
Spring	_____
Summer	_____
Quarters	_____

I hereby authorize the release of my semester/term/quarter grade report to the person or institution above.

\_\_\_\_\_/\_\_\_\_\_  
Student's Signature required / Date

**AGREEMENT**  
**In conjunction with the**  
**Ordinance 14-03; Chapter 23**

**Mescalero Apache Tribe**  
**Mescalero, New Mexico 88340**

I, \_\_\_\_\_, Social Security No. \_\_\_\_\_, have read  
The Mescalero Apache Tribal Ordinance 14-03; Chapter 23, concerning all Tribal Scholarship  
funds I have received or will receive from the Mescalero Tribal Scholarship program.

To the best of my knowledge I completely understand the Tribal Scholarship Ordinance 14-03;  
Chapter 23 and I am in agreement with all provisions.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Education Director/Asst. Director

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code