



## MESCALERO APACHE TRIBE SCHOLARSHIP APPLICATION PACKET

---

Beginning Students  
(First time applicants)

All items checked must be returned as part of your packet, by the required deadline dates in order to be considered for semesters intended.

### Deadline Dates:

**June 1<sup>st</sup>** – Application packet is good for the Academic year, fall, spring & summer semesters.

**November 1<sup>st</sup>** – Application is good for the Spring and summer semesters.

**April 1<sup>st</sup>** – Application is good for the Summer semester

You **DON'T** have to wait until deadline dates to submit application!!

- Tribal Scholarship Application
- Needs Analysis Form (complete only A&B)
- Agreement Form
- Grade Information Release Form
- Privacy Statement Form
- Official High School Transcript or G.E.D. Certificate
- College Grades/Transcripts – **If any**
- Letter of Admission/Acceptance from college
- Your Letter of Educational Goals
- Two Recommendation Letters
- Federal Student Aid Report – SAR (This is the report you will receive after sending in the Free Application for Federal Student Aid – FAFSA)
- Current photograph of yourself (Please **NOT** a copy of any ID)

---

The schools usually require the following (which is also your responsibility).

- Housing application/deposit
- Copy of income tax papers – If you are a dependent to your parents, your income tax forms and your parent's income tax forms will be needed.
- Orientation Registration
- Student Aid Report (SAR).
- Signed Award Letter.

**BE SURE YOU HAVE TAKEN CARE OF THEM**

---

**PLEASE NOTE: IT IS SMART TO KEEP COPIES OF ALL PAPERS, IN CASE SOME OF THE PAPERS GET LOST AT THE SCHOOL AND/OR OUR OFFICE.**

**MESCALERO APACHE TRIBE  
SCHOLARSHIP APPLICATION FORM**

**A. Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_  
First Middle Last

**Social Security:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Mescalero Tribal Census:** \_\_\_\_\_

**Permanent Mailing Address:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_ **Spouse's Name:** \_\_\_\_\_ **No. of Dependents:** \_\_\_\_\_

**Father's Full Name:** \_\_\_\_\_ **Tribe:** \_\_\_\_\_

**Mother's Maiden Name:** \_\_\_\_\_ **Tribe:** \_\_\_\_\_

---

**B. High School Attended:** \_\_\_\_\_ **Graduation/GED Date:** \_\_\_\_\_

**High School Address:** \_\_\_\_\_  
Address City, State Zip

---

**C. Have you ever applied for the Tribal Scholarship?** \_\_\_\_\_ **Last year you applied:** \_\_\_\_\_

**D. Semesters this application packet is for:** **Fall** \_\_\_\_\_ **Spring** \_\_\_\_\_ **Summer** \_\_\_\_\_

---

**E. University last attended:** \_\_\_\_\_

**University you will attend:** \_\_\_\_\_  
Name Address

**Degree Pursing** (assoc., bach. or master) \_\_\_\_\_ **Major:** \_\_\_\_\_ **Minor:** \_\_\_\_\_

**Classification** (Fr., So. etc.): \_\_\_\_\_ **Enrollment Status** (full or part-time) \_\_\_\_\_ **Hours Earned:** \_\_\_\_\_

**STATEMENT OF EDUCATION:** *I declare that I will use all funds I receive under the Mescalero Tribal Education Scholarship program solely for expenses connected with attendance at: \_\_\_\_\_*  
*I will provide my official transcripts to the Mescalero Tribal Education Office at the end of each semester term. I agree that the unadvanced portion of my scholarship funds may be withdrawn if my G.P.A each semester is not satisfactory to the Tribal Education department.*

*I hereby 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 the necessary agencies to complete my financial aid package. I request that any Tribal Scholarship awarded me be mailed to me in care of the Financial aid office of the institution.*

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

# 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 my FAFSA financial data and any other financial 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 Department and 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.	\$ _____
Fees	\$ _____	Student Contr.	\$ _____
Room & Board	\$ _____	NM Lottery	\$ _____
Books & Supplies	\$ _____	Pell Grant	\$ _____
Personal	\$ _____	S.S.I.G.	\$ _____
Transportation	\$ _____	S.E.O.G.	\$ _____
Other (Explain)	\$ _____	Work-study	\$ _____
Other (Explain)	\$ _____	Gates Scholar	\$ _____
		Vet. Benefits	\$ _____
		Tuition Waiver	\$ _____
<b>Total Expenses:</b>	<b>\$ _____</b>	<b>Total Resources:</b>	<b>\$ _____</b>

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

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

## PRIVACY STATEMENT FORM

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

**GRADE RELEASE FORM**

**MESCALERO APACHE TRIBE  
Tribal Education Department  
PO Box 227  
148 Cottonwood Drive  
Mescalero, NM 88340  
PH: 575-464-4500**

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 FORM**

**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