



MESCALERO APACHE TRIBE SCHOLARSHIP APPLICATION PACKET

Continuing Students

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 1st – Application packet is good for the Academic year, fall, spring & summer semesters.

November 1st – Application is good for the Spring and summer semesters.

April 1st – 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
- College Grades/Transcripts
- 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	\$ _____
Total Expenses:	\$ _____	Total Resources:	\$ _____

(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
_____	_____	_____	_____
Student ID 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