

New Application Renewal

TOHONO O'ODHAM NATION EDUCATION ASSISTANCE PROGRAM & HIGHER EDUCATION

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Sells, Arizona 85634
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5901 S. Calle Santa Cruz
Tucson, AZ 85709-6025
Phone: (520) 792-2099 Fax: (520) 792-6332

Name: _____
Date of Birth: _____
Phone #: _____
Address While in School: _____

E-mail: _____
Emergency Contact: _____

SSN#: _____
Tribal Enrollment #: _____
Village/Town: _____
Permanent Address: _____

Phone #: _____
(Hm) (Wk) (Cell)

Have you ever applied for or have you been funded by EAP or HES? Yes No
If yes, when & which institution? _____ Are you currently in Default Status? Yes No

Household Information

No. of dependent(s) living with you while you are in school (excluding yourself): _____
Marital Status: _____ Is spouse employed? _____
Are you currently employed? _____ If yes, where: _____

Educational Information

High School: _____ Year Graduated _____ GED _____ Year _____
Are you a first generation college student? (Circle One) YES NO

University/College you will attend: _____

Address of school: _____

Start date: _____ Expected Date of Completion: _____

Enrollment status: Full / Part-time If Part-time, No. of Credits you will take: _____ Major: _____

Degree you will obtain? (Circle One) Associate Degree Bachelor Degree Master Degree Doctorate Degree
Other: _____

Do you expect to transfer, once you finish at the above school? YES NO

If yes, to what school? _____ Major: _____

Degree you expect to obtain from this school? (Circle One) Associate Degree Bachelor Degree Master Degree
Doctorate Degree Other: _____

Statement of Educational Goals: _____

List name(s) of relatives who work for EAP or Higher Education: _____

Signature of Applicant: _____ Date: _____

Signature of Parent _____ Date: _____

(If under 18 years of age)

**AGREEMENT BETWEEN THE RECIPIENT AND THE TOHONO O’ODHAM NATION
EDUCATION ASSISTANCE PROGRAM & HIGHER EDUCATION (THE NATION)**

All recipients must enter into a written agreement with the Tohono O’odham Nation Education Assistance Program & Higher Education (The Nation) assenting to the following stipulations:

A. GENERAL ELIGIBILITY REQUIREMENTS:

1. Completed, signed and dated application form.
2. Signed Agreement between the recipient and the Tohono O’odham Education Assistance Program & Higher Education.
3. Must be an enrolled member of the Tohono O’odham Nation.
4. Must be a high school graduate or have a G.E.D.
5. Official transcripts of the last school attended or official scores from G.E.D.
6. Copy of Acceptance Letter into an accredited (post-secondary) college or university or vocational institute certificate of enrollment.
7. Proof of dependents (if caring for dependent(s) while in school)
 - a. Marriage certificate
 - b. Birth certificate or Baptismal certificate
 - c. Legal document establishing guardianship
8. Training/education must not be less than one year.
9. Must apply for PELL Grant and show proof of having applied (Student Aid Report).
10. Have a Financial Needs Analysis completed by school Financial Aid Officer.
11. Copy of Program of Study.

B. REPAYMENT POLICY

Recipients will be liable to the Tohono O’odham Nation for repayment of funds paid to the student and to the school on the student’s behalf in the following instances:

1. Dismissal from school for academic or disciplinary reasons including conviction of criminal activities or use of illegal substances during the period of which funding was received.
2. Providing false information on the Tohono O’odham Nation Education Assistance Program & Higher Education Application.
3. Use of funds for other than educational purposes.

C. RENEWAL OF FUNDING

Funding will not be renewed to recipients who drop classes or withdrawal from school unless prior arrangements have been with program staff. EAP and Higher Education will not pay for a repeat class or repeat fees. The student will be funded only for classes that apply to his/her major.

1. Copy of grades for verification of credits completed or a progress report at the end of each term, phase, or semester.
2. An official transcript and a renewal application at the end of the twelve (12) month funding period.
3. Copy of current class schedule.
4. Maintain a 2.0 semester/term grade point average.
5. Student Aid Report and Financial Needs Analysis must be submitted before the initial start of the semester/quarter/term.

I, _____, have read and understand the contents of this agreement as set forth in Sections A, B, & C listed above. I agree to the terms of this agreement and have received a copy of my personal records. I further understand that my funding under the Education Assistance Program & Higher Education will not begin or continue until all requirements in Section A are met.

(Recipient Signature)

(Date)