

New Application Renewal

TOHONO O'ODHAM EDUCATION ASSISTANCE PROGRAM & HIGHER EDUCATION SERVICES APPLICATION

P. O. Box 837
Sells, Arizona 85634
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PCC-West Desert Vista Campus
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: _____

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

E-mail: _____

Emergency Contact: _____

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

Have you ever applied for and received funding by TOEAP or HES? Yes No

If yes, list any other names used _____

Do you have any relatives employed with Education Assistance Program? If yes, please provide names and relationships: _____

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: _____

Degree Start Date: _____ Estimated Date of Graduation: _____

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

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

Major: _____

Do you plan to continue to a higher degree? YES NO

If yes, to what school? _____ Degree: _____ Major: _____

Statement of Educational Goals: _____

Signature of Applicant: _____

Date: _____

Signature of Parent _____
(If under 18 years of age)

Date: _____

**AGREEMENT BETWEEN THE RECIPIENT AND THE TOHONO
O'ODHAM EDUCATION ASSISTANCE PROGRAM/ HIGHER EDUCATION SERVICES (THE NATION)**

All recipients must enter into a written agreement with the Tohono O'odham Education Assistance Program/Higher Education Services (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 Services.
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. Written evidence of acceptance into an accredited (post-secondary) college or university or vocational institute certificate of enrollment, if currently enrolled.
7. Training/education must not be less than one year.
8. Must apply for PELL Grant and show proof of having applied (Student Aid Report).
9. Have a Financial Need Analysis completed by school Financial Aid Officer.
10. 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 Education Assistance Program/Higher Education Services.
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 made with program staff. The T.O.N.E.A.P. 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 Need 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 T.O.N.E.A.P. will not begin or continue until all requirements in Section A are met.

(Recipient Signature)

(Date)