□ New Application

Renewal

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

 Sells Office P.O. Box 837 Sells, Arizona 85634 Phone: (520) 383-6571 Email: AskEAP@tonation-nsn.gov 	 Tucson Office (PCC-West Desert Vista Campus) 5901 S. Calle Santa Cruz Tucson, AZ 85709-6025 Phone: (520) 792-2099 Email: AskEAP@tonation-nsn.gov
Name:	SSN#: Tribal Enrollment #: Village/Community: Permanent Mailing Address:
E-mail: Emergency Contact: E-mail:	Phone #:
Have you previously applied to TONEAP/HES? □Yes □No If yes, did you receive funding? □Yes □No Have you been known by any other names? □Yes □No If yes, then please list name(s): Do you have any relatives working with TONEAP/HES? If yes, please provide names:	
Educational Information High School: GPA	
Are you a first generation college student? □YES University/College you will attend:	□NO
Degree Start Date: Expected Enrollment status: DFull-time DPart-time	d Date of Completion:
No. of Credits: Major: Minor:	
Degree you will obtain? (Check one) □Certificate □Associate Degree □Bachelor Degree	□Master Degree □Doctorate Degree
Do you expect to transfer once you finish at the above school?	□YES □NO
If yes, to what school? Deg	gree: Major:
Signature of Applicant:	Date:
Signature of Parent Date: Date:	

- What are your Educational Goals? Write two paragraphs to describe your education goals.
- Write two paragraphs to describe how your education will benefit or contribute to the Tohono O'odham Nation or your Community.

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

(Rev 04/2019)

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

A. <u>GENERAL ELIGIBILITY REQUIREMENTS:</u>

- 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. Copy of Acceptance letter into an accredited (post-secondary) college or university or vocational institution.
- 7. Training/education must not be less than one year.
- 8. Must apply for FAFSA (Free Application for Federal Student Aid).
- 9. Have a Financial Need Analysis completed by school Financial Aid Officer.
- 10. Copy of Program of Study.

B. <u>REPAYMENT POLICY</u>

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. <u>RENEWAL OF FUNDING</u>

Funding will not be renewed to recipients who drop classes or withdrawal from school unless prior arrangements have been made with program staff. The TONEAP 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 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.
- 6. Tribal Enrollment Status form must be updated every Fall semester of each year.

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 TONEAP will not begin or continue until all requirements in Section A are met.

(Date)