

**TOHONO O'ODHAM NATION
EDUCATION ASSISTANCE PROGRAM (EAP) & HIGHER EDUCATION
NEW STUDENT APPLICATION FORM**

ALL FIELDS ARE REQUIRED. IF IT'S NOT APPLICABLE, THEN FILL IN AS "N/A".

SUBMIT COMPLETED FORM TO askeap@tonation-nsn.gov

First name: _____ Middle name: _____ Last name: _____

Previous name(s): _____

SSN#: _____ - _____ - _____

Date of Birth: ____/____/____

Tribal Enrollment #: _____ - _____ - _____

Village/Town: _____

E-mail: _____

Cell phone #: _____

Alternate phone #: _____

Permanent Address:

Street or P.O. Box _____

City/town, State, Zip: _____

Address, while in school (if known):

Street or P.O. Box _____

City/town, State, Zip: _____

Have you previously been funded by EAP, aka Tribal Scholarship or Higher Education? Yes No

Did you obtain your certificate or degree? Yes No

Are you currently in Default Status? Yes No Don't know

Education Information

High School from which you graduate(d): _____ Year of Graduation _____

GED Obtained Year _____

Are you a first generation college student? YES NO

University/College/School you will attend: _____

Address of school, City and State: _____

Start date: _____

Expected Graduation date: _____

Select your school academic term: Semester Tri-mester Quarterly (year-round)

Academic Enrollment status: Full-time Part-time Major: _____

Degree/Certificate you will obtain: (select one) Associate Degree Bachelor Degree Master Degree

Doctorate Degree Other: _____

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

By signing below, I attest all the information on this application form is complete and accurate. I understand this application form is one of several required documents to complete the application packet. (See Page 2 Section C for a complete list of requirements.) I understand if I identified that I am in default, then I will not be funded until my default has been cleared and cannot initiate the funding process. I understand typing in my name below in the signature field, serves as my signature.

Signature of Applicant: _____ Date: _____

Signature of Parent _____ Date: _____

(Parent signature if Applicant is under 18 years old.)

FOR OFFICIAL EAP USE ONLY

Date/Time Received _____

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 (The Nation) agreeing to the following:

A. GENERAL ELIGIBILITY REQUIREMENTS

1. Must be an enrolled member of the Tohono O'odham Nation.
2. Must be a high school graduate or have a G.E.D. Certificate.
3. Enrolled in a program of study or training for at least one year.
4. Acceptance to an accredited post-secondary institution/school.
5. Must apply for PELL Grant/FAFSA and show proof of having applied (Student Aid Report), if pursuing a Certificate, Associate or Bachelor degree.

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 Application Form.
3. Use of funds for other than educational purposes.
4. Drop out or withdrawal from course program prior to its completion.

C. REQUIREMENTS

Requirements for application to EAP:

1. Completed, signed and dated application form.
2. Signed Agreement between the recipient and EAP.
3. Official transcripts of the last school attended or official scores from G.E.D.
4. Copy of Acceptance Letter into an accredited (post-secondary) college or university or vocational institute certificate of enrollment.
5. Copy of Program of Study.
6. Completed and signed Authorization To Request Tribal Verification form.
7. Complete a W-9 student form
8. **We may require your assistance to obtain a W-9 school form (if we do not have a W-9 from your school)

Requirement to send to recipient's school:

1. Submit completed (top portion) of the FNA and then send to your school's financial aid office.

Requirements to continue to receive funding:

To continue to receive funding, recipients must maintain the following requirements:

1. Submit a copy of grades for:
 - a. Verification of credits completed or a progress report at the end of each term, phase, or semester.
 - b. An official transcript is required at the end of each Spring term or semester.
2. Submit a copy of current class schedule.
3. Maintain a 2.0 semester/term grade point average.
4. Complete the top portion of the FNA and submit to school's financial aid office for completion.

D. ADDITIONAL AGREEMENTS

1. Recipient understands they need to maintain communication by corresponding with Specialist when there are any changes to their student status. (For example: change of address, change of contact information, change in number of enrolled units/credits, unforeseen emergencies, change of course(s) for semester.)
2. If Recipient, through the Intake process, is found in default, then they will not be funded for the current payout period. The student is required to obtain a default clearance status through the EAP Audit Process before any Intake Process can begin.

3. If a recipient submits false information on any form, then recipient may be liable for repayment of all funds, including tuition payment made on behalf of the recipient. This may extend to a student audit from the Tohono O'odham Nation's Treasury Department, including but not limited to a fraud investigation.
4. All documents submitted to EAP become property of EAP. We will not return or make copies of any documents to any person, for any reason. Make copies of any documents for your file, before submitting to EAP.
5. If an applicant is not accepted to be funded through the initial Intake Process then EAP will not re-use submitted documents as part of a future student file. These unused Intake documents will be disposed of, before the next funding cycle.
6. Recipients who are 18 years and older are responsible for all documents, communication and correspondence with EAP. Recipients understand a proxy cannot be assigned.
7. Recipients acknowledge the EAP funding mechanism is based on student need assessed each semester or academic term.
8. Recipients acknowledge the terms "full-time" and "part-time" status are defined by EAP.
9. Recipients acknowledge the term "Leave of Absence" in the EAP Policy is a leave of absence from EAP. This is not the enrollment status at their school.
10. Recipient is responsible for their college financial aid process.
11. If a recipient drops classes/units/credits or withdraws from school then funding will not be renewed.
12. Recipient will be funded only for classes listed in their program of study
13. Recipient will pay for a repeat class or repeat fees, which had previously been paid by EAP.

I, _____, have read and understand the contents of this agreement as set forth in Sections A, B, C & D listed above. I agree to the terms of this agreement and will keep a copy for my personal records. I further understand that my funding under the Education Assistance Program will not begin or continue until all requirements are met and I receive acceptance notification from EAP. I understand typing in my name below in the signature field, serves as my signature.

Recipient Signature

Date

FOR OFFICIAL EAP USE ONLY

Date/Time Received _____