Applicants please keep this page as a reminder of the deadline dates for the Santo Domingo Tribe – Higher Education/Adult Education scholarship.

APPLICANT CHECK OFF LIST

Please bring this page in every time you bring a document in to the Education Office.

<table>
<thead>
<tr>
<th>APPLICATION DEADLINES:</th>
<th>FALL Semester . . . . . . . .</th>
<th>March 1&lt;sup&gt;st&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPRING Semester . . . .</td>
<td>October 1&lt;sup&gt;st&lt;/sup&gt;</td>
<td></td>
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</table>

Application date received and by:

Application: Answer all questions applicable; incomplete applications will only delay action on your request for funds.

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<tr>
<th>SUPPORTING DOCUMENT DEADLINES:</th>
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<th>May 1&lt;sup&gt;st&lt;/sup&gt;</th>
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Documents date received and by:

Official Transcripts: An official transcript of the last school attended (high school or college).

Acceptance Letter: A letter of acceptance to the college/university. (Your scholarship applications DOES NOT automatically serve as your application for college admission.)

Recommendation Letters: Two (2) letters of recommendations from teachers, counselors, employers, etc. (No Relatives) to accompany the application.

Certificate of Indian Blood/Tribal Membership: This certificate can be obtained at the Santo Domingo Tribal Census Office.

Schedule: Class schedule for the semester applying for.

APPLICATION AND DOCUMENTS RECEIVED AFTER THE DEADLINE DATES WILL HAVE LITTLE OR NO CONSIDERATION FOR THIS SEMESTER

If you have further questions, please feel free to contact the Education Office @ (505) 465-2214 ext. 2227/2228 or stop by the office.

File Completion Date ________________ and with ________________
Santo Domingo Tribe
Scholarship Application

APPLICATION DEADLINES:

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APPLICATION RECEIVED AFTER THESE DATES WILL RECEIVE LITTLE OR NO CONSIDERATION!

INSTRUCTION: Please read, sign, date and return all application forms back to the Education Office.

HIGHER EDUCATION APPLICATION:
The following statement is a disclosure of the terms and conditions of your Santo Domingo Higher Education application as for the time specified in your request.

The Applicant MUST:

- have an official transcript sent from the high school or college that was attended.
- have a letter of acceptance from the institution you will be attending. The institution must be accredited.
- have two (2) recommendation letters from high school teachers and/or counselors. If applicant has been out of school for more than a year and has been working, he/she should request recommendation letters from employer(s). NO RELATIVE RECOMMENDATIONS
- be at least one quarter degree and be enrolled with Santo Domingo Pueblo. (NOTE: Priority will be given to applicants residing, participating, and having knowledge in the Pueblo’s culture.)
- complete and sign application. Incomplete and/or unsigned application will not be processed.
- apply to the Financial Aid Office at the institution they wish to attend. This includes: PELL, SEOG (Supplements Educational; Opportunity Grant), Perkins, SSIG and work-study, etc.
- complete a financial need analysis form to be sent to the institution yearly; the funding will be based on the applicant’s educational needs.
- maintain a 2.0 semester Grade Point Average (GPA) and 12 hours per semester.

WITHDRAWALS:

A student withdrawing from any class(es) must report it to the Education Office, before or as soon as the withdrawal. The student must pay back the program for any funds received from withdrawing.

A student withdrawing from a college/university before the end of a semester will be required to pay back ALL monies awarded to him/her by the Higher Education Program for that semester.

IT IS THE RESPONSIBILITY OF THE STUDENT TO SUBMIT ALL REQUIRED DOCUMENTS TO THE HIGHER EDUCATION OFFICE ON OR BEFORE THE DEADLINE. OFFICIAL TRANSCRIPTS SHOULD ALSO BE SENT IN IMMEDIATELY AFTER EACH AND EVERY SEMESTER/TERM. FINAL GRADES WILL DETERMINE FUTURE FUNDING.

Signature: ____________________________ Date: _______________

Signature: ____________________________ Date: _______________
A. Applicants applying for the Santo Domingo Higher Education Scholarship must submit an application to:

SANTO DOMINGO TRIBE
EDUCATION OFFICE
P. O. BOX 160
SANTO DOMINGO PUEBLO, NEW MEXICO  87052

SUBMIT THE FOLLOWING SUPPORTING DOCUMENTS:

1. Application: Answer all questions applicable; incomplete applications will only delay action on your request for funds.

2. Official Transcripts: An official transcript of the last school attended (high school or college).

3. Acceptance Letter: A letter of acceptance to the college/university. (Your scholarship applications DOES NOT automatically serve as your application for college admission.)

4. Recommendation Letters: Two (2) letters of recommendations from teachers, counselors, employer, etc. (no relatives) to accompany the application.

5. Certificate of Indian Blood Tribal Membership: This certificate can be obtained at the Santo Domingo Tribal Census Office.

6. Class schedule: Class schedule for the current semester applying for.

B. Apply to the College/University Financial Aid Office:

1. Before the Scholarship Program considers funding, a student must apply to the Financial Aid at the school of his/her choice. (As per Federal Register, will consider a financial aid package relevant to the student’s need.)

2. APPLICATIONS MUST BE SUBMITTED BY MARCH 1st for FALL SEMESTER and OCTOBER 1st for SPRING SEMESTER. Applications received after these dates will not receive priority.

C. Eligibility Requirements:

For an applicant to receive a scholarship from Higher Education he/she must meet the following requirements:

1. Be an enrolled and verified member of the Pueblo of Santo Domingo. (NOTE: Priority will be given to applicants residing, participating, and having knowledge in the Pueblo’s culture.)

2. Have a course of study developed and pursue a degree at an accredited college/university.

3. Have made application for funding to the Scholarship Program before the deadline listed.

4. Have made application for funding to the university/college Office of Financial Aid.

5. Have made application and been accepted for enrollment at a college or university.

Signature: ____________________________  SSN: __________________  Date: ____________
SANTO DOMINGO SCHOLARSHIP APPLICATION
SANTO DOMINGO TRIBE – EDUCATION OFFICE

Check One:
INITIAL Applicant __________
CONTINUING Applicant __________
No. of Hours Completed _________

NAME: ___________________________________________ Female _____ Male _____
Last   First   Middle (Maiden)

Present Address: ________________________________________  ZIP ______
Street/Box #  City  State

Telephone: ____________________________  Pueblo Enrolled Census # ____________
Date of Birth: ________________________  Degree of Blood: _______________
High School: _________________________  Single or Married: ____________
Graduation Date: ____________________  No. of Dependants: ____________
E-mail Address _______________________  Social Security Number

Submit 2 letters of recommendation - - No Relatives  (For Initial Applicants Only)

1. Name _______________________________  2. Name _______________________________

University or College ___________________________________________________________
(all applicants)

Major ___________________________  Full-Time Student _________(12 hours minimum)
Classes Begin _________ (month/year)  Part-Time Student __________

No. of hours __________

College Status  Terms Applying For  School Calendar  Housing
Freshmen ____  Academic Year  Semesters ____  On-Campus _____
Sophomore ____  20__ - 20__  Three Quarters ____  Off Campus (Apt.) ___
Junior ____  Fall ____  Trimester ____  Married Housing ____
Senior ____  Winter ____  With Parents ____
Spring ____

With Relatives ____

Parents or Spouse Signature ________________________________________________________
Address ________________________________________________________________
Street/Box #  City  State  Zip

Parents/Spouse Signature _____________________________________________  Date __________

I agree to attend the college named above and to work towards the career named. If I withdraw from school
or a class, I agree to notify the Santo Domingo Tribe – Education Office before withdrawing and refund any
unused money which has been advanced to me.

Student Signature _____________________________________________  Date __________
STATEMENT OF PRIVACY

The Privacy Act of 1974 requires each federal agency that maintains a system of information on individuals to inform those individuals as to:

A. The authority (whether granted by state, or the executive order of the president) which authorizes the solicitation of the 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 which may be made of the information, as a pursuant to paragraph (4) (D) of this subsection: and 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 PL 67-85 with specific legislation contained in 25 USC Subchapter E, Part 32, Administration of Education Loans, grants and other assistance for Higher Education.

In accordance with the accountability required for the administration of the funds appropriated for the program and 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 applicants should understand that the intent of collecting and maintaining the means for producing certain statistical records required of this office. Failure on the part of the applicants to provide the requested information will preclude the applicant from eligibility in obtaining higher education assistance under this program.

* I have read the “statement of privacy” listed with the application form. I hereby, provide the required information and authorize the use of such information to the extent of the uses specified in the statement to the Director of the Office of Comprehensive Education/Higher Education.

________________________________________  ______________________________
Student Signature                             Date

________________________________________  ______________________________
OCE/HE Director                              Date