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## **HIGHER EDUCATION SCHOLARSHIP APPLICATION & PROCESS AND PROCEDURES**

**Program details:** This scholarship is designed to serve Pit River full time college students (12 units or more, or taking a course load that is determined by the learning institution to be full time) who are in a degree program. Students must be in good standing with the Pit River Tribe.

**Process and Scholarship Procedures:** Students must be accepted for admittance to a nationally recognized accredited institution of higher education which provides a course of study conferring a degree. Students must contact the Financial Aid Office of the college to have their financial need evaluated and request that an official financial needs analysis be forwarded by the college's financial aid office to the Pit River Tribe Education department. This analysis will include all sources of financial assistance which are to be applied toward meeting the student's total need. Funding will be based on remaining need after all other sources of assistance have been applied. We are a last resort funder. Students are expected to apply for all other available funding through their college/University financial aid office or other sources. Scholarships are limited to funding availability.

**Deadlines:** **Spring Semester: January 1<sup>st</sup>**  
**Fall Semester: August 1<sup>st</sup>**  
**Summer Semester: June 1<sup>st</sup>**

Speak with the Education Department regarding learning institutions with alternative semester/quarter/trimester/session structures for applicable deadlines.

Please note that only the basic application (Part A & C) needs to be submitted by the deadline. Items that are outside of the student's control such as official transcripts, financial needs analysis, or waitlisted classes can be submitted after the deadline if the rest of the basic application is submitted by the deadline. Applications submitted after the deadline will not be funded under this program.

**Conditions for continued scholarships** – Students receiving this scholarship must maintain acceptable academic standing at their college or University, maintaining social conduct within the policies and rules of the institution attended, demonstrate satisfactory progress toward degree requirements, and submit higher education application prior to the next school period deadline. Grade reports of each student are to be reviewed at the end of each school period. Students earning less than a "C" average

grade may be continued on a probationary period, providing the college recommends their continuance.

Students shall be responsible for keeping the PRT Education department informed of his/her status once he/she has entered college. A change of address, change of income, intent to transfer to another institution and academic progress shall be made known as soon as possible to the PRT Education department. All changes must be made in writing for documentation.

All items in the application checklist must be current and submitted for each school semester/term being applied for. The recipient shall agree to these conditions set forth by signing and dating this application form.

**Academic Probation** – Students currently receiving funding will be put on academic probation if any of the following occurs:

- Student's GPA falls below the minimum 2.0 requirement.
- Student falls below the full time enrollment requirement.

Students will be given one semester on academic probation to bring their GPA up or satisfy the full time enrollment requirement. If they are not able to do so they will no longer be eligible for future PRT Higher ED funding until they are able to complete a semester with a "C" or better GPA without assistance from the PRT.

### **Student/Education Department Application Checklist:**

- Complete all fields of Higher education application and sign
- Submit application by deadline
- Include copy of Tribal enrollment verification (Tribal Card, certification, etc.).
- Include most recent official college, high school, or GED transcripts.
- Include proof of College/University full time enrollment of 12 units or more, or taking a course load that is determined by the learning institution to be full time. If less than 12 units, full time verification documentation from college/university is required.
- Complete the FAFSA (Free Application for Federal Student Aid).
- Include/request Financial Needs Analysis (To be completed & submitted by the College/University financial aid office).
- Continuing students must submit copy of most recent grades. Students must maintain a 2.0 GPA or higher to avoid academic probation and continue receiving funding.
- Must submit signed statement of privacy (Part C).



**PIT RIVER HIGHER EDUCATION SCHOLARSHIP APPLICATION**

**(Part A)**

Date: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Semester/Term (Fall, Winter, Spring, Summer, or other): \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Enrollment # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Name & Address of High School Attended: \_\_\_\_\_

\_\_\_\_\_

Date of High School Graduation/GED: \_\_\_\_\_

Selected College name: \_\_\_\_\_

College address: \_\_\_\_\_

College phone: \_\_\_\_\_

Program & Educational Goal: \_\_\_\_\_

\_\_\_\_\_

College Major: \_\_\_\_\_

College Minor: \_\_\_\_\_

Have you been funded by the PRT Education department in the past? \_\_\_\_\_

If so, what year/term/semester? \_\_\_\_\_

Number of Semester/Quarters Earned: \_\_\_\_\_

Credit Hours Earned: \_\_\_\_\_ Years in College: \_\_\_\_\_

Expected Degree (AA, BA, BS, MA, other): \_\_\_\_\_

Year of expected Degree completion: \_\_\_\_\_

Total Request Amount: \$ \_\_\_\_\_

I hereby certify the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to the necessary agencies to complete the financial aid package. I will provide a copy of my grades or transcripts to the Pit River Tribal Education Department at [education@pitrivertribe.org](mailto:education@pitrivertribe.org) at the end of each academic term.

Student Signature: \_\_\_\_\_

**Return completed application and all required information to [education@pitrivertribe.org](mailto:education@pitrivertribe.org) or Attention: PRT EDUCATION DEPARTMENT at 36970 Park Ave, Burney, CA 96013.**

**Pit River Tribal Office**  
36970 Park Ave  
Burney, CA 96013  
www.pitrivertribe.org



Toll Free: 1-877-279-9097  
Phone: 1(530) 335-5421  
education@pitrivertribe.org

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## **AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION**

I, \_\_\_\_\_ hereby  
(Print Name)

authorize, \_\_\_\_\_

Financial Aid Department to release my financial information to the Pit River Tribe Education Department at [education@pitrivertribe.org](mailto:education@pitrivertribe.org) or at the address above.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

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**TO BE COMPLETED BY THE FINANCIAL AID OFFICER**

**(PART B)**

Verified financial needs analysis is required through your office before action can be taken on this scholarship application. Please complete and forward this form to [education@pitrivertribe.org](mailto:education@pitrivertribe.org) or to the above address c/o PRT Education Department. Thank you for your assistance.

Print Student Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Budget Period: Start date \_\_\_\_\_ End date \_\_\_\_\_

**ASSESSED STUDENT NEED:**

<u>College Budget</u>		<u>Resources</u>		<u>Campus Based &amp; Other Aid</u>	
Tuition	\$ _____	Parent Contribution	\$ _____	SEOG	\$ _____
Fees	\$ _____	Student Contribution	\$ _____	PELL	\$ _____
Books/Sup	\$ _____	Veteran's Benefits	\$ _____	Perkins	\$ _____
Room	\$ _____	AFDC/Welfare	\$ _____	CWS	\$ _____
Board	\$ _____	Social/Security	\$ _____	SUG	\$ _____
Transportation	\$ _____	State Funding	\$ _____	EOP	\$ _____
Personal	\$ _____	Voc Rehab	\$ _____	SSL	\$ _____
Child Care	\$ _____	Other	\$ _____	CAL A/B	\$ _____
Other	\$ _____			Other	\$ _____
Total	\$ _____	Total	\$ _____	Total	\$ _____

We recommend a student award of \$ \_\_\_\_\_

Name of College: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Our School is on (Semester, Quarter, Trimester, Other): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid Officer: \_\_\_\_\_ Date: \_\_\_\_\_

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## **STATEMENT OF PRIVACY** **(Part C)**

This Privacy Act of 1974 required each Federal Agency that maintains a system of information on individuals as to:

- A. The authority (whether granted by statute, or by executive order of the president) which authorize the solicitation of the information and whether disclosure of such information is mandatory or voluntary;
- B. The principal purpose for which the information is intended to be used;
- C. The routine used which may be made for the information, as published pursuant to paragraph (4)(D) of this subsection, and;
- D. The effects on him/her, if any, of not providing all or part 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 P.L., 67-85 with specific legislation contained in 23 USC Sub-Chapter E. 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 the applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request.

The applicant should understand that the intent of collecting and maintaining this data on individuals is for determining eligibility of the applicant and failure to provide the requested information will preclude the applicant from eligibility in obtaining higher education assistance under this program.

I have read the statement on 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.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Witness: \_\_\_\_\_