



## **Application Checklist**

- APPLICATION (App)** – Completed & signed
- ESSAY** – 200 word essay summarizing applicant's educational goals and future plans. Essay must be typed, signed, and dated.
- CERTIFICATE OF INDIAN BLOOD (CIB)** – CIB must be dated within 90 days of the application; must be original provided by Gila River Indian Community Enrollment Office.
- LETTER OF ADMISSION** – Applicant must submit a letter of admission or acceptance from educational institution.
- ENROLLMENT AGREEMENT** – Contract with one of the four (4) approved vocational schools with anticipated graduation date listed. (Vocational Schools only)
- PROGRAM OF STUDY (POS)** – POS must show all classes required to complete degree program to which the applicant has been accepted.
- CLASS SCHEDULE** – Class schedule must be submitted for semester/term for which the applicant is applying for funding.
- STUDENT AID REPORT (SAR)** – Applicant must complete the Free Application for Federal Student Aid (FAFSA). FAFSA will process and generate a SAR in one (1) to three (3) days after the FAFSA has been submitted.
- HIGH SCHOOL DIPLOMA/GED** – Official transcripts or diploma that reflects the student's graduation date.
- OFFICIAL TRANSCRIPTS** – Official transcripts from all previously attended Colleges, Universities, or Vocational schools. Regardless whether or not the student was funded by the Program. Opened or Unofficial transcripts will not be accepted.

---

## **General Eligibility**

- Must be an enrolled member of the Gila River Indian Community.
- Must have a High School diploma or General Equivalency Diploma (GED).
- Must be accepted into an accredited College or University as defined by the GRIC Policy Manual.
- Must complete a Free Application for Federal Student Aid (FAFSA).

**IMPORTANT:** The University of Phoenix was placed on moratorium and financial assistance will not be provided for this school.

---

## **Application Deadlines**

Fall Semester  
Spring Semester

June 1<sup>st</sup>  
November 1<sup>st</sup>

**IMPORTANT:** All mailed application packets must be sent via certified mail and postmarked by the deadline date. All hand-delivered application packets must be received in the Student Services Department by the deadline date. **Faxed documents will not be accepted.**

---

## **Send documents to:**

**Student Services**  
PO Box 97  
Sacaton, AZ 85147  
Phone Number: (520) 562-3316



## Application for Financial Assistance

Applying for:  Fall Deadline (Due June 1st)  Spring Deadline (Due November 1st)

Send completed and signed application with all documents to: Student Services, PO Box 97, Sacaton, AZ 85147

Date:	Applicant Name: (Last)	(First)	(Middle initial)	(Maiden Name)
SSN:	GRIC Enrollment Number:	District Affiliation:	Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Mailing Address:		(City)	(State)	(Zip Code)
Home Phone: ( )	Cell Phone: ( )	Email Address:		Are you a Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
High School or G.E.D. Center: (Name)			(City)	(State)
			H.S. Diploma/G.E.D. Received: (Month/Year) /	
College or University You Will Attend: (Name)			(City)	(State)
			Type of Term: <input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Trimester	
Type of degree you will earn while attending college: <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other:				
College Classification: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Post-Graduate				
Undergraduate/Graduate Major:			Anticipated Date of Graduation (Month/Year): /	
My Enrollment Status will be: <input type="checkbox"/> Full-time (12 credits or more) <input type="checkbox"/> Part-time (less than 12 credits)			Where do you plan to live? <input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus <input type="checkbox"/> With Parent	
Have you received a GRIC Scholarship previously? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, When and What Institution:		
Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Where:		Are you a first generation college student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list any existing conditions and/or personal concerns that may affect your ability to achieve your educational goals:				

### Emergency Contact Information:

Name:	Relationship:	Home Phone:	Cell Phone:
-------	---------------	-------------	-------------

I hereby authorize you to contact the person listed above in case of an emergency. *If applicant is under the age of 18, parent/legal guardian must sign as well.*

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use:

Date Received:	Received by:	Approved/Denied:	Date:	Reason for Denial:
----------------	--------------	------------------	-------	--------------------



**Obligation of Understanding**

I hereby certify that all information provided on this application is true and I have answered to the best of my ability. I understand that if I knowingly falsify information or misrepresent myself, I may be dismissed from the Gila River Indian Community Higher Education Scholarship Program. I acknowledge that I have received and reviewed the Gila River Indian Community Higher Education Program Policy Manual and agree to abide by the guidelines set forth in the Policy Manual. I acknowledge that I have read the Gila River Indian Community Higher Education Policy Manual and understand my rights and responsibilities as an applicant to receive Program financial assistance and to also report any changes to Student Services within ten (10) business days.

**Financial Assistance**

I agree to only use Program funds to cover direct educational expenses under my approved program of study. I understand that the community will first use all available sources of funding before using Program funds. I understand that financial assistance is based on the unmet need as demonstrated on the Financial Needs Analysis. I understand that if I do not comply with the Gila River Indian Community Higher Education Program Policy that I may be ineligible for Program funds. Therefore, I am obligated to return all Program funds used in violation of Program requirements. I understand that portions of Program funds may be taxable and I may be liable to pay any taxes owed on the Program funds received.

**Agreement to the Code of Conduct**

I agree to uphold the Code of Conduct as outlined in the Gila River Indian Community (GRIC) Higher Education Policy Manual in order to promote responsibility, respect, a safe environment, and a positive self image that is a credit to the Community. I have read and understand Article 13, Code of Conduct from the Gila River Indian Community Program Policy Manual and understand the definition of offensive conduct as outlined in Article 13, Sub-section E. I understand that exhibiting offensive behavior towards any educational institution employee, GRIC Employee, or GRIC officials will be considered a violation of the Code of Conduct. I understand that I will be accountable for my behavior and for the behavior of any person I designate to represent me. I understand that any violation of the Code of Conduct may be subject to disciplinary action which may result in suspension and or removal from the Program.

**Certification of Tribal Enrollment**

I, hereby, give authorization to the Enrollment/Census Department to release my Certificate of Indian Blood information to the Student Services Department for the purpose of verifying my enrollment record for the Gila River Indian Community Higher Education Program. I give my consent to Student Services to verify my enrollment every academic term in which I am approved for funding.

\_\_\_\_\_  
Name (Last, First, Middle)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number/GRID

By signing this document, I acknowledge I have received a copy of the Gila River Indian Community Higher Education Program Policy Manual and that I have read and agree to the terms listed under "Obligation of Understanding", "Financial Assistance", "Code of Conduct", and "Certification of Tribal Enrollment".

*If applicant is under the age of 18, Parent/Legal guardian must sign as well.*

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

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

Parent Signature: \_\_\_\_\_

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