

# PLPT Higher Education Application Packet

## Deadline Dates

Fall Semester/Academic Year:  
June 30 of every year.

Spring semester:  
November 30 of every year.

Dear Higher Education Applicant:

Congratulations on your decision to pursue post-secondary education. The Pyramid Lake Paiute Tribe is pleased to be able to assist you in your pursuit of Higher Education. Attached is the required application for the Pyramid Lake Paiute Tribe's Higher Education Funding.

**A COMPLETED APPLICATION PACKET MUST BE SUBMITTED BY THE DEADLINE DATE OR APPLICATION WILL NOT BE CONSIDERED.**

### Higher Education Funding and Funding Requirements: Funding for Higher Education comes from two sources:

• **Bureau of Indian Education Annual Contract** Bureau of Indian Education (BIE) Appropriations vary from year to year as they are determined by Congressional Appropriations. BIE Funding comes with two requirements: a). Students must be undergraduates and attending full-time (12 credits or more); and b). Students must demonstrate a need as determined by the Financial Aid Officer based on the requirements for the Title IV Federal Assistance (Determined by your Student Aid Report from the FAFSA Application).

• **Pyramid Lake Paiute Tribe General Fund** Each year the Pyramid Lake Paiute Tribal Council appropriates funding into a General Fund Higher Education Line Item to be used as a supplement to the BIE Funding. Use of the funding follows the same stipulations as BIE; but can also assist students who do not meet BIE requirements. For students who do not demonstrate a need, the Tribe will assist with tuition expenses.

## WHAT DO I DO FIRST?

**Step 1:** Complete the FREE APPLICATION FOR STUDENT AID (FAFSA). An application is available at the school, CHE Office, or by calling 1(800) 433-3243 and having one sent directly to your home. You can also electronically file via Internet at <http://www/fafsa/ed.gov>. It is recommended you file electronically. For returning students, you will be mailed a renewal form each year, or you can do a renewal over the internet if you have your PIN number. If you have lost or not received the PIN number, it is recommended that you complete a whole new application on-line. It's only a matter of minutes and not worth the time it takes to wait for a new PIN number

**Step 2:** Complete the top portion of the Budget form (Page 2 of the Tribal Higher Education Application) and forward (mail or hand-carry) to your school's Financial Aid Office. The school will electronically receive the Student Aid Report (SAR) form from your FAFSA application and will use the codes on the SAR to see what type of Federal Funding you're eligible for (PELL, SEOG, Stafford Loans, etc). The Financial Aid Officer will then be able to determine your "unmet need" to recommend an amount the BIE/Tribe should award.

**FAFSA TIPS:** Don't believe you don't qualify until you apply. If you feel you're over income, FAFSA may determine you're eligible for loans. If you have to take out a loan, you have an unmet need! The Tribe will work towards replacing that loan.

**FAFSA** takes 6-8 weeks if mailed and only 1-2 weeks if filed electronically! In addition, if a mistake is made, it can take up to four weeks to correct. For this reason alone, you should file your FAFSA as early in the year as you can. If you haven't yet filed taxes, estimate! Chances are you'll be chosen for verification anyway.

**FAFSA** Applicants get verified! What this means is 1 of 3 students will have to provide information to their schools to support information completed on the FAFSA. The school may request a copy of your taxes, household information, etc. Don't freak! Chances are you'll be chosen for verification.

**FAFSA** considers you a dependent until the age of 24! Unless you have children, are married, or in the military, FAFSA considers you a dependent and will require your parent's income information whether you've lived with them or not. Once you've applied for FAFSA, you'll be sent a Renewal Form each year, or a PIN number to renew on-line. This saves time and prevents you from having to complete an entire application each year.

**Just to list a few scholarship resources:**

**[WWW.FASTWEB.COM](http://WWW.FASTWEB.COM)**

**[WWW.NATIVE.AMERICAN.SCHOLARSHIPS.COM](http://WWW.NATIVE.AMERICAN.SCHOLARSHIPS.COM)**

**[WWW.TO.CATCH.A.DREAM.COM](http://WWW.TO.CATCH.A.DREAM.COM)**

Also, the INTER-TRIBAL COUNCIL OF NEVADA, Native Work Force and Development, may be able to assist with tuition and books if you meet their criteria. They can be reached at (775) 355-0600, ext. 113.

If you have questions or need help in completing the forms, or need help in completing your FAFSA, call (775) 5740300 and make an appointment for help. Please remember, complete PLPT Higher Education Packets are required by deadline dates, and incomplete applications will not be accepted.

### **Higher Education Packet/Adult Vocation Packet**

**THE FOLLOWING MUST BE ATTACHED TO YOUR APPLICATION BY THE DEADLINE DATE IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED. IT IS YOUR RESPONSIBILITY TO MAKE SURE ALL INFORMATION IS CONTAINED IN YOUR APPLICATION PACKET.**

**ITEMS TO BE ATTACHED:**

- TRIBAL HIGHER EDUCATION APPLICATION.
- A FINANCIAL NEEDS ASSESSMENT COMPLETED BY THE COLLEGE/UNIVERSITY FINANCIAL AID OFFICER (BUDGET FORM, PAGE 2 OF THE APPLICATION).
- A LETTER OF ACCEPTANCE FROM THE COLLEGE OR UNIVERSITY, OR OTHER DOCUMENTATION SUPPORTING ATTENDANCE OR INTENT TO ATTEND (CLASS REGISTRATION).
- IF A CONTINUING STUDENT, AN OFFICIAL GRADE TRANSCRIPT FROM THE MOST RECENT QUARTER/SEMESTER OR TRIMESTER YOU HAVE ATTENDED. PLEASE NOTE GRADED UNOFFICIAL TRANSCRIPTS WILL NOT BE ACCEPTED.
- A COMPLETED STUDENT CONTRACT. • DOCUMENTATION OF PYRAMID LAKE PAIUTE TRIBAL MEMBERSHIP. (FIRST APPLICATION ONLY, AN UPDATED VERIFICATION MAY BE REQUESTED BY THE CONSOLIDATED HIGHER EDUCATION COORDINATOR).

***PLEASE NOTE: Students who have exceeded the four academic years of tribal funding are also required to attach a graduate plan signed by their advisor and a copy of their degree outline.***

**PYRAMID LAKE PAIUTE TRIBE  
Consolidated Higher Education Program**

Student Information

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  Marital status:  Single  Married  Divorced

Tribal Enrollment Number: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_ Veteran:  Yes  No

State of Residency: \_\_\_\_\_

**Student's Education Information:**

	Address	Dates attended	BIE Funding (List years received)
High School			
College			
Technical School			

Application request: 20\_\_\_\_ - 20\_\_\_\_ Academic Year:  Fall  Spring

**Name and Address of College/University/Institution:**

Name: \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street/Route/P.O. Box City State Zip Code

College Major: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Expected Degree:  Associate  Bachelors Art  Bachelors Science  Masters  Other

Academic Year:  Freshman  Sophomore  Junior  Senior

Number of credits earned to date: Total \_\_\_\_\_ Credits toward degree \_\_\_\_\_ Required Credits \_\_\_\_\_

Student residence:  On Campus  Off Campus  With Parents

**Statement of Education Purpose: I declare that I will use any funds I receive under the Bureau of Indian Education/ Pyramid Lake Paiute Tribe, Higher Education Program solely for expenses connected with attendance at:**

**Name of Institution:** \_\_\_\_\_

Privacy Act and Paper Work Reduction Act Statement This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974. Although furnishing personal information to this office is voluntary, failure to supply complete and accurate information may preclude the application from eligibility for further assistance under this program.

This information is being collected to determine eligibility of individuals applying for services. This information will be used to produce statistical record of the Office of Indian Education Programs. Response to this request is required to obtain a benefit.

I hereby certify that 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 necessary agencies to complete my financial aid package. I request that any BIE/Tribal Grant awarded me be mailed to me in care of the financial aid office of the institution. I will provide an official grade transcript to the PLPT Consolidated Higher education Office at the end of each term.

**Signature of Student** \_\_\_\_\_ **Date** \_\_\_\_\_

**Pyramid Lake Paiute Tribe  
Consolidated Higher Education Program**

**Student Contract**

This contract is made and entered into for the (  ) Fall 20 \_\_\_\_ - (  ) Spring Semester 20 \_\_\_\_ for which this scholarship award is granted. The student making an application for funding recognizes that this application is between the student and the Pyramid Lake Paiute Tribe (PLPT), Consolidated Higher Education Program for the receipt of the Higher Education Program, Adult Vocational Program or the Enrichment Scholarship Program; and hereinafter shall be called the SCHOLARSHIP RECIPIENT.

**Initial each section:**

THE SCHOLARSHIP RECIPIENT

- \_\_\_\_\_ 1. I, the scholarship recipient, have read and understand the PLPT's (check applicable program)  
 Higher Education       Adult Vocational Training       Enrichment  
guidelines. As the scholarship recipient, I understand I must abide by these guidelines in order  
to be funded by the Pyramid Lake Paiute Tribe Consolidated Higher Education Program.
- \_\_\_\_\_ 2. I, the recipient, shall complete and submit a Pyramid Lake Paiute Tribe Consolidated Higher  
Education application, a FAFSA Application and Financial Aid Packet Form each academic year  
with all the required information by the established deadline dates.
- \_\_\_\_\_ 3. Complete and submit all financial aid forms as required by the Institution for each academic  
year by the specified deadline including the FAFSA, even though I may be ineligible.
- \_\_\_\_\_ 4. Upon the recipient's completed application, the Pyramid Lake Paiute Tribe Consolidated  
Higher Education Program shall provide minimal financial assistance for the term (semester/  
quarter/trimester) based on need and the amount specified in the award letter. I understand  
if I am determined to not show a need, I will still be eligible for Tribal Funding as my inherited  
right as a member of the Pyramid Lake Paiute Tribe.

On question 5, please initial only the scholarship you are applying for.

- \_\_\_\_\_ 5. As a Higher Education Scholarship recipient, (undergraduate) I shall maintain full time  
status earning no less than 12 credit hours with a Grade Point Average of no less than 2.0  
at the end of the regular semester or quarter to remain eligible for financial assistance
- \_\_\_\_\_ As an Enrichment Scholarship recipient, I shall earn no less than the credits for which I am  
applying for with a Grade Point Average of no less than 2.0 at the end of the regular semester  
quarter to remain eligible for financial assistance.
- \_\_\_\_\_ As a Graduate Student, I understand I must maintain the maximum number of credits  
allowed for my respective program.
- \_\_\_\_\_ 6. I understand if I do not maintain the minimum GPA, that I could be put placed on academic  
probation for the next semester,
- \_\_\_\_\_ 7. I, the recipient, understand that if I do not complete the probationary semester with the  
minimum grade point average, my funding will be suspended until I can earn 12 credits with  
a 2.0 grade point average through other sources.
- \_\_\_\_\_ 8. I, the recipient, understand that I will be responsible for paying back the tuition for the number of  
credits dropped and that future funding will be suspended if payment arrangements are not made.
- \_\_\_\_\_ 9. I, the recipient, shall use awarded funding for educational expenses.

- \_\_\_\_\_ 10. The recipient shall submit to the PLPT Consolidated Higher Education Office within 30 days after each term/semester/quarter an OFFICIAL TRANSCRIPT. ANY UNOFFICIAL TRANSCRIPT WILL NOT ACCEPTED.
- \_\_\_\_\_ 11. The recipient shall attend the institution named in the award letter. No transfer of scholarship funds between institutions during the semester shall be allowed.
- \_\_\_\_\_ 12. I, the recipient, understand if I've applied for the Academic Year and do not attend school in the Fall, my application will become void and I must re-apply at the next applicable deadline. Funding will not be held for me.
- \_\_\_\_\_ 13. The recipient, in requesting future scholarships, must submit a completed application by the following deadlines

**Applications Submitted:**      **Higher Education Application**  
    **Enrichment**  
    **Application Adult Vocational Training**

**Academic Year:**      **Fall    June 30th by 4:30 p.m. of each year**  
    **Spring    Nov. 30th by 4:30 p.m. of each year**

**Adult Vocational Training:**      **October 30th by 4:30 p.m. of each year**  
    **June 15<sup>th</sup> by 4:30 p.m. of each year**

- \_\_\_\_\_ 14. I understand there will be no extensions given if all required documentation is not submitted by the deadline date and that my incomplete application will not be considered.
- \_\_\_\_\_ 15. The recipient shall pursue a degree program leading to an Associates of Arts, Baccalaureate, Master's, Doctorate's or Post-Doctorate's Degree.
- \_\_\_\_\_ 16. The recipient shall submit a degree outline from his/her student counselor of classes associated with degree program. The degree outline shall be submitted with the scholarship application at the beginning of the school year.
- \_\_\_\_\_ 17. The recipient, 60 days after graduation, will notify the PLPT Consolidated Higher Education Office, of his/her graduation date, degree conferred, major and a copy of their diploma.
- \_\_\_\_\_ 18. I, the recipient, accept and shall abide by all the conditions stipulated in the terms above and will be bound by the responsibilities and consequences thereof.
- \_\_\_\_\_ 19. I give permission to allow the PLPT Consolidated Higher Education Office to review grades, class registration and other information as necessary either by telephone, letter or email.
- \_\_\_\_\_ 20. I understand I have the right to appeal any decision made regarding my application, in accordance to the PLPT Consolidated Higher Education Policies and Procedures.

**STUDENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ED. COORDINATOR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Each applicant is urged to obtain an email address. For those who do not have one, free email addresses are available through [www.yahoo.com](http://www.yahoo.com) or [www.msn.com](http://www.msn.com) (Hotmail) plus other various sites.

**My email address is:** \_\_\_\_\_



**FINANCIAL AID PACKAGE FORM-HIGHER EDUCATION FUNDING**

**PART I: TO BE COMPLETED BY STUDENT AND THEN FORWARDED TO INSTITUTION'S FINANCIAL AID OFFICE WITH STUDENT'S AID REPORT (SAR)**

Student demographics	
Name:	Social Security Number:
Home address:	Telephone Number:
PO Box	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other
City	Number of dependents
State	Student will be living: <input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus
Zip code	College Credit/Hours earned to date:
	Degree/Major program title: Family Development

If residing off campus, please give a brief explanation: \_\_\_\_\_

Please send me the necessary application for applying for Adult Vocational administered financial aid. Attached is a copy of the Pyramid Lake Paiute Tribe's Scholarship Application that I have submitted for BIA/Tribal consideration for financial assistance. The Pyramid Lake Paiute Tribe's Consolidated Higher Education Office will need the additional financial aid information as listed in Part II before any action can be taken on my application. When all information is on file in your office, please complete and forward Part II or a similar form to:

Pyramid Lake Paiute Tribe-Consolidated Higher Education Office- P.O. Box 256, NIXON, NEVADA 89424  
 Telephone: (775) 574-0300 FAX Number (775) 574-1008 OR (775) 574-0302

Students Signature \_\_\_\_\_ Tribal Enrollment number \_\_\_\_\_ Date \_\_\_\_\_

**PART II: TO BE COMPLETED BY THE FINANCIAL AID OFFICER**

This student has applied to the Pyramid Lake Paiute Tribe's, Consolidated Higher Education Program for BIA/Tribal Education Funding. Verified financial need information is necessary through your office before we can take action on this application. We appreciate your assistance in filling out this form or a form like this form sent to the above listed address.

Student Information	
Budget Period Dates From: _____ To: _____	Date School/Training Starts: _____
Grading Period: <input type="checkbox"/> Semester <input type="checkbox"/> Trimester <input type="checkbox"/> Quarterly <input type="checkbox"/> Other explain: _____	
This student is considered: <input type="checkbox"/> Independent <input type="checkbox"/> Dependent	
This student's needs cannot be calculated as <input type="checkbox"/> Additional information is needed and the student	
<input type="checkbox"/> Student did not apply for FAFSA (Pell)	
<input type="checkbox"/> School is not listed on SAR	
<input type="checkbox"/> Other explain: _____	
Student was notified by our office on this date; _____	

Total cost of attendance: ..... \$ \_\_\_\_\_

Contributions		Resources		Financial Need	
Parent Contribution		FSEO		Tuition/Fees	
Student Contribution		Pell Gran		Room/Board	
Spouse Contribution		NDSL		Books	
VA Benefits		Scholarships		Transportation	
Social Security		Voc. Rehab.		Other Expenses	
Welfare/AFDC		SL		Contribution total	
Contribution total		Other SL			
		Contribution total			

We recommend the Tribe consider awarding this student ..... \$ \_\_\_\_\_

Signature: \_\_\_\_\_ (Financial Aid Officer) \_\_\_\_\_ (Date) \_\_\_\_\_ (Telephone number)

Name of Institution: \_\_\_\_\_

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

Our school is on:  Semester  Quarter  Trimester  Certificate \_\_\_\_\_ Months

**Tribal Higher Education Program  
Financial Needs Analysis Form**

**Northern Nevada Financial Aid & Scholarship Offices**

UNR  
Student Services Bldg.  
Mailstop 0076  
Reno, Nevada 89557  
Tele: (775) 784-4666  
Fax: (775) 784-1025

TMCC  
7000 Dandini Blvd.  
RDMT 315C  
Reno, Nevada 89512  
Tele: (775) 673-7072  
Fax: (775) 674-7566

WNC  
WNC Carson City  
Bristlecone Bldg. Rm 102  
Carson City, Nevada  
Tele: (775) 445-3264  
Fax: (775) 445-3058

GBC  
Financial Aid Office  
1500 College Pkwy  
Elko, Nevada 89801  
Tele: (775) 753-2399  
Fax: (775) 753-2390

\_\_\_\_\_  
Tribal Education Office/Department

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Tribal Enrollment Number

\_\_\_\_\_  
Students Name

\_\_\_\_\_  
Student SSN

\_\_\_\_\_  
Student Address

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Student Phone Number

By signing below, I authorize the above-referenced educational institution to release information from my school to the above tribal education department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Financial aid office use only

Budget Period:  Fall  Spring  Summer Semester \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_  
Full Academic Year: 8/20 \_\_\_\_ - 5/20 \_\_\_\_

EXPENSES		RESOURCES	
Tuition/Fees _____	Parent Contribution _____	Stafford Loans _____	
Room/Board _____	Student/Spouse Contrib. _____	Other Loans _____	
Books and Supply _____	Veterans _____	Total Resources _____	
Transportation _____	Pell Grant _____		
Other _____	Other Scholarships _____		
Total Expenses _____	Scholarships _____		

Is this student's file incomplete?  Yes  No If yes, why \_\_\_\_\_

Total Expenses - Total Resources = \_\_\_\_\_ (Remaining Need)

We recommend that you award this student \$ \_\_\_\_\_ [amount is based on semester / year.]  
PLEASE INDICATE

\_\_\_\_\_  
Financial Aid Officer Signature

\_\_\_\_\_  
Date