



Application for Tribal Education Assistance

Application Procedure

1. You must file a Financial Aid Form (<http://www.fafsa.gov/>) and apply for any available scholarships and grants offered by the school.
2. Fill out the application packet completely; return it along with all requested information to the Passamaquoddy Tribal Education Department.
3. Once you have completed the top portion of the Needs Analysis form, mail the form to the school's financial aid office.
4. Application Deadlines:

Fall Semester	April 15 th
Spring Semester	November 15 th
Summer Session	March 15 th

5. Upon receipt of your information, you will be notified as to the status of your application.
6. Only those applications that are complete will be reviewed.
7. A complete file consists of:
 - a. BIA APPLICATION
 - b. TRIBAL EDUCATION APPLICATION
 - c. PER CAPITA DEDUCTION
 - d. PRIVACY ACT STATEMENT
 - e. COMPLETED NEEDS ANALYSIS
 - f. FAF AWARD LETTER
 - g. ACCEPTANCE LETTER
 - h. CURRENT ACADEMIC CALENDAR
 - i. EDUCATION CAREER PLAN
 - j. STUDENTS AGREEMENT
 - k. HS TRANSCRIPT/GED
 - l. COLLEGE TRANSCRIPT
8. Once eligibility has been determined, you will be informed as to the amount of your award. When you begin school, you will receive the award and a Purchase Order will be sent to the school for books.
9. It will be your responsibility to insure the following:
 - a. That the school has completed your needs analysis form in a timely manner.
 - b. A semester grade report is sent to the Education Office (Please submit only original forms.)



Passamaquoddy Tribe-Pleasant Point Reservation
Education Department
9 Sakom Road
PO Box 343
Perry, ME 04667
PH: (207) 853-2600 ext. 283
FX: (207) 853-9520

STUDENT NAME: _____

SOCIAL SECURITY #: _____

COLLEGE/UNIVERSITY ATTENDING: _____

PROGRAM IN WHICH ENROLLED: _____

EXPECTED GRADUATION DATE: _____

ITEM	ON FILE	DATE RECEIVED	STATUS
Application forms			
Tribal enrollment			
Financial aid award letter			
Completed needs analysis form			
College acceptance letter			
Current academic calendar			
Education career plan			
Transcript or recent copy of grades			
Fall schedule			
Spring schedule			
Other			

**APPLICATION FOR ASSISTANCE
BUREAU OF INDIAN AFFAIRS-SCHOLARSHIP PROGRAM**

APPLICATION REQUEST 20____ 20____

Academic Year ____ Fall ____ Spring ____ Summer ____

NAME: _____ BIRTHDATE: _____

MAILING ADDRESS: _____

SSN: _____ MARITAL STATUS: S M D / DEPENDENTS: _____

TRIBE WHERE ENROLLED (attach proof of enrollment):

STATE OF RESIDENCY: _____

FATHER'S NAME: _____ TRIBE: _____

MOTHER'S NAME: _____ TRIBE: _____

NAME/ADDRESS OF HIGH SCHOOL OR LAST COLLEGE ATTENDED (attach a copy of transcript):

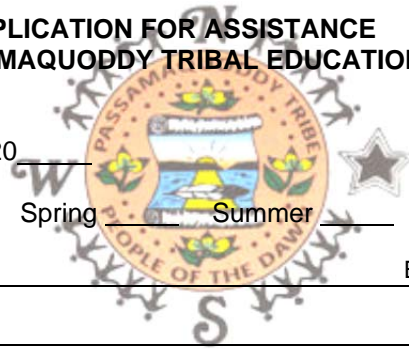
EXPECTED DEGREE: _____ GRADUATION DATE: _____

WILL LIVE: ON CAMPUS _____ OFF CAMPUS _____

I hereby certify the above information to be true. I realize noncompliance will result in a loss of funding. I agree to submit a copy of my grades at the end of each semester.

SIGNATURE OF APPLICANT _____ DATE _____

**APPLICATION FOR ASSISTANCE
PASSAMAQUODDY TRIBAL EDUCATION**



APPLICATION REQUEST - 20____ 20____

Academic Year ____ Fall ____ Spring ____ Summer ____

NAME: _____ BIRTHDATE: _____

MAILING ADDRESS: _____

SSN: _____ MARITAL STATUS: S M D / # DEPENDENTS: _____

TRIBE WHERE ENROLLED (attach proof of enrollment) _____

STATE OF LEGAL RESIDENCE: _____

FATHER'S NAME: _____ TRIBE: _____

MOTHER'S NAME: _____ TRIBE: _____

NAME AND ADDRESS OF HIGH SCHOOL/GED RECEIVED AND DATE OF GRADUATION: _____

TYPE OF SCHOOL: BIA TRIBAL PUBLIC PRIVATE GED

WERE YOU EVER AWARDED A BIA GRANT? IF SO WHAT YEAR(S): _____

CREDIT HOURS EARNED: _____ MAJOR: _____ MINOR: _____

NAME AND ADDRESS OF COLLEGE SELECTED: _____

YEAR IN COLLEGE: 1 2 3 4 GRADUATE

ENROLLMENT STATUS: FULL TIME PART TIME

DATE YOU WILL REGISTER FOR CLASSES: _____

EXPECTED DEGREE AND YEAR OF GRADUATION: _____

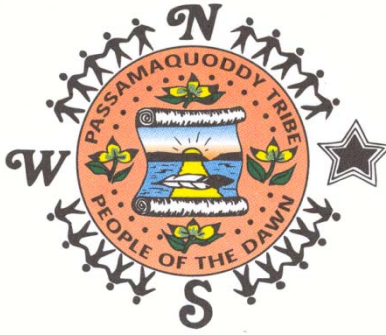
WILL RESIDE: ON CAMPUS OFF CAMPUS

I declare that I will use funds I receive under the Passamaquoddy Scholarship Fund solely for expenses connected with attendance at:

NAME OF INSTITUTION: _____

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 my financial aid package. I will provide a copy of my grades or transcript at the end of each academic term.

SIGNATURE OF APPLICANT _____ DATE _____



PER CAPITA DISPURSEMENT - DEDUCTION AGREEMENT

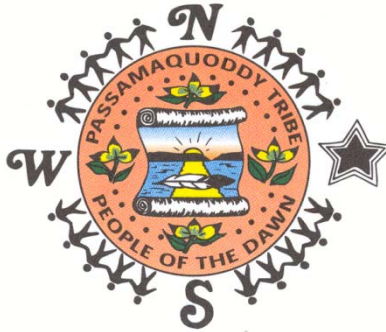
I, _____, hereby give permission to the Pleasant Point Tribal Government to withhold proceeds from my yearly Per Capita Disbursement to satisfy my delinquent liability to the Pleasant Point Tribal Education Department.

STUDENT SIGNATURE

DATE

WITNESS (Rena Newell, Student Services Facilitator)

DATE



AUTHORIZATION FOR RELEASE OF INFORMATION

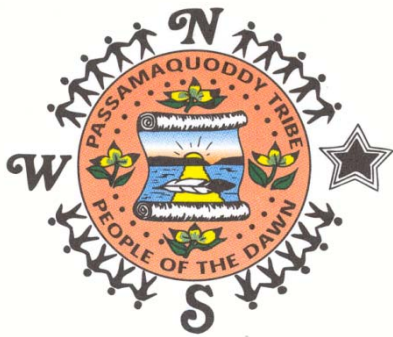
I _____, hereby authorize the release of information to the Passamaquoddy Tribal Education Department of Pleasant Point, Perry, Maine regarding my financial aid, grades, attendance records, course registration and or schedule for the academic year _____ / _____.

STUDENT SIGNATURE

DATE

COLLEGE/UNIVERSITY ATTENDING

PROGRAM OF STUDY



Student's Agreement

Having been accepted for participation in the Tribal Education Program, I understand that my eligibility to stay in the program depends upon my compliance with following terms, which I have read and hereby agree to:

1. I must be enrolled full-time in a course approved by the Tribal Education Department and I am aware that my schooling may be interrupted or discontinued if my attendance, grades, or conduct are unsatisfactory;
2. I will, to the best of my ability, attend all scheduled classes;
3. I will not drop my schooling without notifying and consulting with the Education Department and with the school officials;
4. I will inform the Education Department of any and all financial assistance which I now or later may receive from other sources while I am in school and of any changes in my financial needs (i.e. marriage, divorce, increase or reductions in the number of dependent, etc.) The amount of assistance I receive is determined by my Needs Analysis Form – Unmet Need.
5. I am aware that I may not change schools or courses without obtaining the prior concurrence of the Education Department.
6. I agree that the books and/tools issued to me as a necessary part of my training do not belong to me and do not become my personal property unless I complete my program of study.
7. Should I fail to complete my program of study, I agree to repay any funding awarded to me by the Passamaquoddy Tribal Education Department.

I AM FULLY AWARE THAT I MAY JEOPARDIZE MY EDUCATIONAL OPPORTUNITY IF I SHOULD VIOLATE ANY OF THE TERMS IN THIS AGREEMENT.

APPLICANT OR TRAINEE'S SIGNATURE

DATE

Complete Part I of this form and send it along with Part II to the Financial Aid Administrator for completion.
 The Financial Aid Office at your school should mail to: **Passamaquoddy Tribal Education, P.O. Box 343, Perry, ME 04667.**

NEEDS ANALYSIS FORM (PART I) Release to be completed by the applicant

RESERVATION: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

MAJOR: _____

MINOR: _____

MARITAL STATUS: _____

NUMBER OF DEPENDENTS: _____

RELEASE: I hereby authorize the release of any and all information pertaining to my receiving or applying to financial aid to the Passamaquoddy Tribal Education Office for the purpose of determining my eligibility for educational benefits. This includes the information requested below and any other information that the PTE Office may request in regard to my application for assistance.

NEEDS ANALYSIS FORM (PART II) To be completed by Financial Aid Office

The above student has applied to the Passamaquoddy Tribal Scholarship Higher Education Grant Scholarship Program. Verification of financial data is required through your office before the Passamaquoddy Tribal Scholarship can take any action on their application. When you have all necessary information on file, please complete this portion of the form and return it to the above listed address. Thank you for your assistance.

BUDGET PERIOD: FROM: _____ TO: _____ START DATE: _____

THIS STUDENT IS CONSIDERED: INDEPENDENT DEPENDENT

FINANCIAL DATA

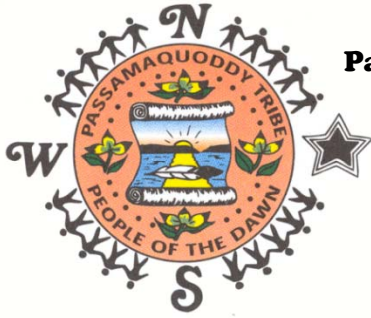
COLUMN (A)		COLUMN (B)	
Pell Grant		Tuition	
S.E.O.G		Mandatory fees	
V.A Benefits		Other fees	
Indian Waiver		Books	
Scholarships		Room	
Voc. Rehab		Board	
Other		Miscellaneous	
TOTAL FUNDS AVAILABLE	\$	TOTAL ANTICIPATED COSTS	\$

WE RECOMMEND THE PASSAMAQUODDY TRIBAL SCHOLARSHIP PROGRAM AWARD THIS STUDENT \$ _____

SIGNATURE/DATE OF FINANCIAL AID OFFICER _____ TELEPHONE _____

NAME AND ADDRESS OF COLLEGE OR UNIVERSITY _____

OUR SCHOOL OPERATES ON: SEMESTER QUARTER TRIMESTER OTHER



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Please return this form to Passamaquoddy Tribal Education Department.

Student Contact Information 201(-1)

Name: _____

Home Address: _____

Address of College attending: _____

Program: _____ Graduation Date: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Local Newspaper

This information is used to publish academic successes of Tribal Education Students.

Name of Newspaper: _____