

**SAN CARLOS APACHE TRIBE
OFFICE OF THE VICE CHAIRMAN
APPLICATION FOR EDUCATIONAL ASSISTANCE**

PURPOSE

Educational funds have been secured by the Office of the Vice Chairman through tribal contributions and private donations. When educational funding is available, educational grants are intended for use to meet the following educational needs: the purchase of textbooks, tuition, fees, on campus housing, food, etc. The educational grant is **NOT** intended for use on other non-essential items such as, but not limited, to the following: late rent, car/cell phone payments, purchase of stereo or boombox or an ipod, etc.

CONDITIONS

The Vice Chairman's educational grant is a grant that is provided once every school year. The grant shall not exceed \$100.00. All educational checks will be paid directly to the school or entity who is to receive such payment. In order to receive such educational assistance, the student must submit the following:

- Completed application for Educational Assistance.
- Proof of Tribal enrollment.
- Proof of acceptance into institution of higher education and/or current class schedule for semester in which student is to receive educational assistance.
- Unofficial transcript.
- Sign and date contract prior to receiving educational assistance.

ELIGIBILITY

(Please circle one)

I am an enrolled member of the San Carlos Apache Tribe.	YES	NO
I have NOT any type of assistance from any other member of the Tribal Council this school year.	YES	NO
I am currently or will be enrolled into an institution of higher learning (2 or 4 year college or university, vocational school, etc.)	YES	NO

If you answered **YES** to all three questions, then you are eligible to apply for the educational assistance. Please fill out the application on the second page.

If you answered **NO** to any of the above questions, then you may be eligible to apply for the educational assistance. Please speak with Ms. Beverly Russell at 475-2361 ext. 230.

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Instructions: Please complete all sections of the application below to the best of your knowledge.

PERSONAL INFORMATION

NAME: _____ DATE: _____

CURRENT ADDRESS:

PERMANENT ADDRESS:

PHONE NUMBER: _____ EMAIL: _____

DISTRICT: _____

SCHOOL INFORMATION

NAME OF SCHOOL ATTENDING: _____

SCHOOL ADDRESS: _____

YEAR IN SCHOOL: (Please Circle One)

Freshman Sophomore Junior Senior Grad Student

AMOUNT REQUESTED (Not to Exceed \$100.00): _____
for _____

Mail Check to following Address: _____

Please list all the sources of financial aid which you receive (i.e. scholarships, grants, loans, etc.)

Name of Financial Aid: _____

Amount Received: _____

Name of Financial Aid: _____

Amount Received: _____

Name of Financial Aid: _____

Amount Received: _____

Please list the Name of your Employer, Employer Address, your Position, etc.

Employer Name: _____

Employer Address: _____

Work Phone: _____ Position: _____

Pay Rate per Hour: _____

Please list below the amount of your monthly expenses (rent, utilities, groceries, gas, etc.)

By signing the application below, I agree to the following: 1) The information provided on this application is complete, true, and accurate to the best of my knowledge. 2) The educational assistance will be used for educational purposes **ONLY**.

Applicant Signature: _____ Date: _____