

PENOBSCOT NATION HIGHER EDUCATION COMMITTEE
Dept. of Education & Career Services, 27 Wabanaki Way, Indian Island, ME 04468
 Telephone: (207) 817-7348 Fax Number: (207) 817-7369 E-mail: PNHEC@penobscotnation.org

SCHOLARSHIP APPLICATION

Please answer all questions on this application, incomplete applications will be returned to applicant.
Applications must be submitted prior to the start of the program you are requesting funds for.

I. GENERAL INFORMATION:

1. _____
Last Name First M.I.

2. _____			
Mailing Address	City	State	Zip Code

3.	Residential Address (if different)	City	State	Zip Code
----	------------------------------------	------	-------	----------

4. _____
Telephone #

5. Email: _____

6. If you have previously received funding from this department under a different name, please list all other names:

7. Date of Birth: _____

II. HOUSEHOLD AND INCOME INFORMATION: *The information collected for these questions is used only for the purpose of qualifying individuals for certain grants funds; we **do not** report this information to **any** other agencies.*

8. Marital Status: Single Married Divorced Widowed

9. Number of Dependent Children _____

10. Veteran: Yes No 11. Total number of people living in your household (include yourself): _____

12. Approximate combined income of all people residing in your household for the past six (6) months: \$_____

13. Is anyone in your household receiving some form of public assistance (TANF, Food Supplement Program, General Assistance, Tribal Assistance, Subsidized Housing etc.) Yes No

Please indicate type(s), if yes: _____

III. PREVIOUS EDUCATION:

14. Name of middle school: _____

15. Name and address of High School: _____

16. Type of School: Public Private Tribal BIA
17. High School Diploma **or** GED/HiSET Year completed: _____
18. Please list all prior post-secondary training or education that you have completed or participated in, including any certifications, diplomas, or degrees:

IV. ACADEMIC/TRAINING PROGRAM YOU ARE REQUESTING ASSISTANCE WITH:

19. Requesting assistance for: (check all that apply) Academic Year Summer
Fall only Spring only
20. Name and address of institution you will attend:
21. Will attend: Full-time Part-time
22. Type of program: Certificate Diploma Associate Degree Bachelor Degree Other _____
23. Training program or college major you will be enrolled in: _____
24. Date you will start classes: _____ 25. Expected Date of Completion/Graduation: _____
26. How many total credit hours are required to earn your degree or to complete the program? _____
27. How many credit hours have you earned to date in this program? _____
28. What year student are you considered in this program? 1st 2nd 3rd 4th 5th more _____
29. Will you live: On-campus Off-campus With Parents Other _____
30. Do you have any previous experience or training in this field? Yes No
If "Yes", please explain: _____
31. Will you seek employment in this field upon completion of your program? Yes No
If "No", please explain: _____
32. Do you have any source of income while in school or training? Yes No
If "Yes", please explain: _____
33. Have you applied for Financial Aid through the school you will be attending? Yes No
If "Yes", when did you apply? _____ If "No", is financial aid available? _____
Please note that scholarships will only be granted by the Penobscot Nation Higher Education Committee to those eligible students who have applied for campus based financial aid, provided that financial aid is available.
34. Have you, or will you, submit a Needs Analysis Form to your Financial Aid Office? Yes No

Needs analysis forms must be received by the PNHEC in order for your application to be complete. Please follow up with your financial aid institution to make sure they return the form to the PNHEC, by the deadline.

Please read the following before signing this application

I acknowledge that I have read the Penobscot Nation Department of Education and Career Services “Operating Policies and Procedures” for the Higher Education Scholarship Program. This includes the Higher Education Grant Program (HEGP) and Adult Vocational Training (AVT) Policies. Students may request a copy of the policy to be mailed to them or locate them at: <http://www.penobscotnation.org/Education/education.htm> I am aware these policies were most recently updated in March of 2013. I agree to these policies and understand and accept the terms and conditions.

USE OF FUNDS: “I declare that I will use any funds awarded to me by the Penobscot Nation Higher Education Committee for training and/or educational purposes only in connection with my attendance at the above named institution.”

PRIVACY ACT & PAPERWORK 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 applicant from eligibility for 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 records required 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 agree to provide the Penobscot Nation Higher Education Committee with all information that is requested in regard to this application.”

Applicant’s Signature

Date

DO NOT COMPLETE THIS SECTION, ADMINISTRATIVE OFFICE USE ONLY:

Tribal census number: _____

Continuing Student

New Student

I have reviewed this application and believe the information provided to be true to the best of my knowledge. I recommend that this request for assistance be reviewed by the Penobscot Nation Higher Education Committee for possible funding.

PNHEC Staff: _____

Date: _____