



# Manchester-Point Arena Band of Pomo Indians

24 Mamie Laiwa Drive – P.O. Box 623

Point Arena, CA 95468

(707) 882-2788 – FAX (707) 882-3417

## HIGHER EDUCATION GRANT APPLICATION

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

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

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

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: Single Married Divorced

Are you a Veteran? Yes No How many Dependents? \_\_\_\_\_ Roll No. 527-\_\_\_\_\_

**ACADEMIC YEAR OF REQUEST:** \_\_\_\_\_ **TO:** \_\_\_\_\_

Spring Summer Fall Full-time Part-time How many Units: \_\_\_\_\_

**SCHOOL NAME:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**SCHOOL ADDRESS:** \_\_\_\_\_

College Major/Vocational: \_\_\_\_\_ Minor: \_\_\_\_\_

Expected Degree: AA BA BS Masters Doctorate Other: \_\_\_\_\_

Year in College: Freshman Sophomore Junior Senior N/A

Housing status: On Campus Off Campus Home with Parents

Requesting assistance for: Books/Supplies Tuition

Have you received higher education assistance before? \_\_\_\_\_ If yes, what year(s)? \_\_\_\_\_

Number of Units/credits earned: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

**STATEMENT OF EDUCATION PURPOSE:** I declare that I will use any funds that I receive from the Manchester Point Arena Band of Pomo Indians Higher Education Grant Program solely for the expenses connected with attendance at my designated college. I authorize the school to release my grades, financial information, and class schedules to the Manchester Point Arena Band of Pomo Indians Higher Education Grant Program.

\_\_\_\_\_  
TRIBAL COUNCIL

Chairperson: Tisha Jones Vice-Chair: Rebecca Acosta Treasurer: Ricardo Cruz Secretary: Latrice Gonzalez

**PRIVACY ACT AND 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 Manchester Point Arena Indians Higher Education Program. Response to this request is required to obtain any benefits.

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 the information to necessary agencies to complete my financial aid package. I request any award from the Manchester Point Arena Band of Pomo Indians be mailed to the Financial Aid Office at my school in care of me. I will provide a copy of my grades or transcripts to the Manchester Point Arena Band of Pomo Indians Tribal Office at the end of each semester.

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

**FINANCIAL NEEDS ANALYSIS**

**A. STUDENT IDENTIFICATION INFORMATION**

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

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

City State Zip

**B. TO BE COMPLETED BY A FINANCIAL AID OFFICER**

The above student has applied for a Manchester Point Arena band of Pomo Indians Higher Education Grant. The student is required by federal rules to apply for college aid, Pell Grant, state grants and other funding sources that are available. Verified financial need information is needed through your office before they can act on this application. Thank you for your assistance.

Academic Year: \_\_\_\_\_ Which will start on: \_\_\_\_\_

Student is considered: Independent Dependent

**C. BUDGET TO BE COMPLETED BY A FINANCIAL AID OFFICER**

General Expenses	\$ Amount	Aid/Resources	\$ Amount	Aid/Resources	\$ Amount
Tuition/Fees		Parent Contribution		EOPS	
Dorm/Board		Student Contribution		Veteran's Benefit	
Books/Supplies		Pell Grant		BOGG	
Transportation		Work Study		AFDC???	
Personal & Childcare		Stafford Loan		Vocational Rehab	
Other		Perkins Loan		Social Security	
		Cal Grant A/B		Scholarships	
		SEOG		Other	
				Total Resources	
				Financial Need	

**I RECOMMEND THE TRIBE COSIDER AWARDING THE STUDENT: \$**

I certify the above information to be in accordance with established rules and regulations for determining financial needs and resources as referenced by existing Federal Manuals and the institution administering Federal and State Financial Aid Programs.

COLLEGE NAME: \_\_\_\_\_ Telephone: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Please read the following:

Note: It is necessary to re-apply for the Manchester Point Arena Band of Pomo Indian Higher Education Grant academic year or when transferring to a different school.

I accept this Financial Aid Package as shown and give my permission for the Financial Aid office to release information to the Manchester Point Arena Band of Pomo Indians Higher Education Program. I understand and agree that the award permitted to me from the Manchester Point Arena Band of Pomo Indians Higher Education Program can only be used toward education expenses.

I agree to comply with the following conditions:

I will notify the Financial Aid Office and the Manchester Point Arena Band of Pomo Indian Higher Education Program council if any of the following occur:

1. I withdraw from school at any time during the academic year.
2. I will return any unused portion of my grant award to the Manchester Point Arena Band of Pomo Indians Higher Education Program upon withdrawal from school.
3. I will assure that an official transcript of my college records will be forwarded to the Manchester Point Arena band of Pomo Indians Higher Education Program at the end of each semester/quarter that I am attending. I understand that failure to do so may delay subsequent funding.
4. For Higher Education Institutions, I will maintain a minimum of 12 units with a grade point average of no less than a 2.0 for each semester or quarter. Failure to do so will be cause for probation and or termination of the grant.

By signing below, I authorize the school to release my grades, financial information, and class schedules to the Manchester Point Arena Band of Pomo Indians Higher Education Program.

**Student Name (Print):** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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

**Financial Aid Officer (Print):** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Financial Aid Officer Signature:** \_\_\_\_\_