Apsáalooke Nation Higher Education APPLICATION & HANDBOOK 2022-2023

DEADLINE TO SUBMIT APPLICATION ON OR BEFORE

April 4th, 2022

Crow Tribe Education Department
P.O. Box 159
Crow Agency, Montana 59022
(406)-679-1276

Gary H. Dawes, Higher Education Coordinator
gary.dawes@crow-nsn.gov
INTRODUCTION:

Under the authority of P.L. 93-638 of the Indian Self Determination Act effective May 1992, the Crow Tribe Administration contracted with the Bureau of Indian Affairs, the B.I.E. (Bureau of Indian Education) Model Contract Scholarship. The following goals have been established for the scholarship’s programs:

- To insure equal access for all tribal members to higher educational opportunities.
- To ensure the financial assistance that is most beneficial for each individual student.
- To insure fair and uniform services for all students, a committee shall be established for selection of eligible applicants.

SCHOLARSHIP COMMITTEE:

The Crow Tribe Education Scholarship Committee shall be comprised of the Education Director, (BIE) Scholarship Coordinator, (BIA) Job Placement and Adult Training Coordinator, (BIE) Johnson O’Malley Coordinator, Executive Branch Representative, and a Legislative Branch Representative. The scholarship Committee will meet in August to make selections for the academic year beginning with the fall term of each year. The Scholarship Committee shall make the final selection of qualified, eligible applicants based on the guidelines.

ELIGIBILITY REQUIREMENTS:

Applicants must:

- Be an enrolled member of the Crow Tribe.
- Possess a High School diploma and/or HSIET (GED)
- Be enrolled at an accredited college or university, including on-line classes
- Be actively pursuing an undergraduate degree
- Must carry a minimum of 12 credits or more
- Must have a 2.0 GPA on recent OFFICIAL transcript
- Must be receiving Federal Pell Grant
- Must have an UNMET NEED on Financial Needs Analysis
- Submit a complete scholarship application with all required documents on or before the deadline date

PRIORITY CLASSIFICATION:

The Education Department will make every effort to award scholarships to all eligible students who meet the requirements. All completed application will be prioritized as follows:

1st Priority- Continuing students who were under Higher Ed. in the previous academic school year.

2nd Priority- New students who are first-time applicants. (Have not applied for Higher Ed. before)

3rd Priority- Returning students who meet all eligibility requirements (students who have taken sometime off from school, for any given reason, and are now returning)

4th Priority- Students who have incomplete applications will be placed on a waiting list for 30 days until all requirements are met before consideration for funding. Thereafter, your application will be inactive.
SCHOLARSHIP AWARD:

Once a student is approved for a scholarship by the Crow Tribal Education Committee, an award amount will be determined. Based on the student’s status, the scholarship will be the lesser of the amount as shown below or the student’s unmet need as indicated on the financial need’s analysis:

<table>
<thead>
<tr>
<th>Maximum Per Year</th>
<th>Student Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,500.00</td>
<td>Single or Married with (0) dependents.</td>
</tr>
<tr>
<td>$6,000.00</td>
<td>Married or single with (1) or more dependents (children)</td>
</tr>
</tbody>
</table>

**Must submit copy of Birth Certificates of dependents.**

NOTICE OF AWARD:

Upon approval of an award by the Education Committee, a letter will be sent to the student stating the amount of the award, the school year, and the college/university of choice. A copy of the award letter will also be sent to the Financial Aid Office.

Any student who meets all eligibility and application requirements will be awarded a scholarship. If for any reason an applicant is not approved for an award, a letter will be sent to the student stating the reason.

DISBURSEMENT OF FUNDS:

All scholarship awards for each academic year will be disbursed as follows:

1. **FRESHMAN & SOPHOMORE STUDENTS:** funds will be disbursed twice a semester. First payment will be disbursed at the beginning of the semester. Second payment will be disbursed after midterm grades are submitted. To monitor students’ progress, mid-term grades must be submitted before the second payment is disbursed. If a student withdraws from a class and falls below 12 credit hours, funding will continue if the student is carrying 9 credit hours. However, the student will be placed on PROBATION to the end of the semester term. Funds will not be disbursed for those students who are no longer attending classes at mid-term.

2. **JUNIOR & SENIOR STUDENTS:** funds will be disbursed once at the beginning of each semester. Failure to maintain 12 credit hours or 2.00 GPA, the student will be funded half the award amount per semester and will receive the other half after mid-term grades are submitted.

3. **For quarterly terms,** funds will be disbursed three times a year. To monitor a student’s progress, final grades must be submitted at the end of each quarter. Students must meet all requirements for funding to continue.

Funds will be disbursed to Financial Aid Offices to be processed according to their financial policies and procedures.

YEAR LEVEL/ CREDITS:

Student grade level will be determined as follows:

<table>
<thead>
<tr>
<th></th>
<th>Semester Credits</th>
<th>Quarter Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1/ Freshman</td>
<td>0-30</td>
<td>0-36</td>
</tr>
<tr>
<td>Year 2/ Sophomore</td>
<td>31-60</td>
<td>37-84</td>
</tr>
<tr>
<td>Year 3/ Junior</td>
<td>61-90</td>
<td>85-132</td>
</tr>
<tr>
<td>Year 4/ Senior</td>
<td>91-120</td>
<td>133-180</td>
</tr>
</tbody>
</table>

**A second Associates degree will not be funded under Crow Tribe Education Department**
TRANSFER:
If a student is planning on transferring in a given academic year, the student must submit all required documentation: letter explaining why you are transferring, acceptance letter to secondary college, updated financial needs analysis and class schedule from the school that they are planning on transferring to prior to the end of the term. Scholarship amount may change accordingly based upon the unmet need on the financial need's analysis provided by the secondary college.

REPEATING CLASSES:
The Scholarship Committee will not consider a course taken for a third time as part of the minimum twelve credits.

PROBATION:
At the end of a term, a student who does not maintain the minimum 12 credits and a 2.00 GPA will be placed on probation. The student will be notified by letter of the probation status. The student will continue to receive funding in the next term, within the same academic school year but must maintain the minimum 12 credits and 2.00 GPA.

SUSPENSION:
A student who has failed to maintain the minimum 12 credits and 2.00 GPA for two consecutive terms will be placed on SUSPENSION from the Crow Tribal Scholarship. To be considered for further funding, the student must successfully complete a term with a 2.00 GPA or better and a minimum of 12 semester/quarter credit hours on their own. The student must complete the application process and meet all required deadlines.

WITHDRAW:
1. A student in good standing who plans to withdraw from school, or a class must notify the Education Department IMMEDIATELY. A written statement indicating the reasons why the student had to withdraw must be submitted. If by withdrawing and failing to earn the minimum 12 credits, the student will be placed on PROBATION.
2. Any student withdrawing without good cause from college or involuntarily will be placed on SUSPENSION and may be required to reimburse the funds to the Tribal Education Department before consideration can be given for future funding.

STUDENT LOAN:
Crow Tribal Scholarship funds will not pay for previous loans in default.

SUMMER TERM:
Summer term funding is not guaranteed and approved only if funds are available. Only senior level students who need the summer term to graduate will be funded. A letter of request for summer term funding is due before April 1st. The following additional documentation is due by May 15th:
- Financial Needs Analysis
- Summer term schedule indicating a minimum of 12 credits, or the credits needed to graduate.
- Official transcript from the proceeding Spring term.

APPEAL PROCEDURES:
- A student has the right to appeal a decision made by the Education Committee within ten (10) working days of the receipt of the letter rendering a decision.
- The student must appeal in writing and submit any supporting documents to the Committee.
- The Education Committee will address the appeal during a meeting within ten (10) working days of receipt of the appeal.
- The student will be notified of the date and has the right to attend the Committee meeting.
- The student will be notified in writing of the decision made by the Education Committee.
- The decision of the Education Committee is FINAL.
CROW TRIBAL EDUCATION SCHOLARSHIP

APPLICATION AND REQUIRED DOCUMENTS CHECKLIST

FIRST TIME APPLICANT *(Have not been under Higher Ed during the previous academic year)*:

- Filled out completed 2022-2023 application
- Personal letter of request
- Certificate of Indian blood
- Birth certificate(s) of dependent(s) - if applicable
- High school/HiSET/GED Copy
- **Official College Transcript** (if attended college previously)
- Letter of acceptance from the college/university
- Financial needs analysis (Must be Pell Grant Eligible & have an unmet need)
- Fall 2022 class schedule

CONTINUING STUDENTS *(Under Higher Ed in the previous academic school year)*:

- An updated application
- Update personal letter of request
- Most recent college transcript
- Financial needs analysis
- Fall registration/class schedule
CROW TRIBE HIGHER EDUCATION SCHOLARSHIP

I. STUDENT INFORMATION: *(Red must be filled out)*

<table>
<thead>
<tr>
<th><em>Last Name:</em></th>
<th><em>First Name:</em></th>
<th><em>Middle Name:</em></th>
<th><em>Maiden Name:</em></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><em>Permanent Address:</em></th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
<th>Phone Number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><em>Address of SCHOOL if Different from Above:</em></th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
<th>Message Phone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><em>Social Security Number</em></th>
<th><em>Date of Birth</em></th>
<th><em>Email Address</em></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><em>Contact Person (IF YOU CAN'T BE REACHED):</em></th>
<th>Phone Number:</th>
</tr>
</thead>
</table>

Gender: Male ( ) Female ( ) Veteran: Yes ( ) No ( ) State of Residency: ______ Crow Enrolled: Yes ( ) No ( )

II. FAMILY INFORMATION:

Material Status: Single ( ) Married ( ) Divorced ( ) Separated ( )

Dependent(s):

<table>
<thead>
<tr>
<th>Names:</th>
<th>Relationship:</th>
<th>Date of Birth:</th>
</tr>
</thead>
</table>

III. HIGH SCHOOL

High School Attended

School Address

Graduated or Date HiSet/GED Received

City, State, Zip

IV. COLLEGE INFORMATION:

College or University Attending

School Address

School Telephone Number

City, State, Zip

College Major

Year in College (Freshman, Sophomore, Junior, Senior)

Enrollment Status (Full Time/Part Time)

Expected Graduation Date

Have you received any funding from the Crow Tribe Education Department in the past? YES ( ) NO ( )

If yes, which scholarship and when? Higher Ed. ( ) Tribal Grants ( ) JOB Replacement & Training ( )

Contact Person - College/University Attending

Telephone Number & Email
FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232 g; CFR Part 99) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he/she reaches the age of 18 or attends a school beyond high school level.

I, ______________________ (student) read the FERPA Law and will abide by this law. I will communicate directly with the Crow Tribal Education Department.

Signature: ______________________ Date: ______________________

RELEASE OF INFORMATION

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT:
2. Disclosure of the requested information by the applicant is voluntary but required to receive benefits.
3. The purpose of this information collection is to determine your eligibility for services.
4. The routine use of this information is for the Crow Tribal Education Program to evaluate your application; parts or all the information in your application will be used for financial and budgeting purposes.

I have read the above statement and I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

Signature: ______________________ Date: ______________________

DISCLOSURE OF PERSONAL INFORMATION:

Disclosure by you of your social security number, transcripts or school grades, medical records, and income verification, veteran’s status, legal records, debt, disability evaluation and other information which may have a bearing on your application. The authority for collection of this information is: CFR 25, 34.2 U.S.C. 13 and 309 331 AM 4. The sole purpose of this information is to determine eligibility services.

I AUTHORIZE THE CROW TRIBAL EDUCATION DEPARTMENT THE USE OF INFORMATION LISTED ABOVE.

Signature: ______________________ Date: ______________________
**Authorization and Agreement:**

Please sign each section for each semester/quarter of attendance.

<table>
<thead>
<tr>
<th>Name of College/University</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

I hereby agree to attend the college/university indicated above and to carry at least 14/16 quarter credit hours or 12 semester credit hours each term. I will satisfactorily complete the course which I have selected. I further agree that funds issued for educational purposes will be so used or repayment will be made to the Crow Tribal Education Scholarship. I understand that the PELL and other funding available to me will be included when computing my financial aid package, and I agree to use funds for purposes intended. I authorize the college/university to release grades, mid-term progress reports, attendance, and financial information to the Crow Tribe Education Department.

Signature: ______________________ Date: ________________
AUTHORIZATION AND AGREEMENT:

Please sign each section for each semester/quarter of attendance.

Name of College/University  City  State  Zip Code

I hereby agree to attend the college/university indicated above and to carry at least 14/16 quarter credit hours or 12 semester credit hours each term. I will satisfactorily complete the course which I have selected. I further agree that funds issued for educational purposes will be so used or repayment will be made to the Crow Tribal Education Scholarship. I understand that the PELL and other funding available to me will be included when computing my financial aid package, and I agree to use funds for purposes intended. I authorize the college/university to release grades, mid-term progress reports, attendance, and financial information to the Crow Tribe Education Department.

Signature: ___________________________ Date: ___________________________

Please keep a copy of the complete application for your files and submit the original to:

Crow Tribal Education Department
ATTN: Higher Education
P.O. Box 159
Crow Agency, Mt. 59022

Telephone: (406) 679-1276

MUST BE TURNED IN ON OR BEFORE OR POSTMARKED BY:

April 4th, 2022

A complete application along with any documents available must be submitted at this time.
NO APPLICATIONS WILL BE ACCEPTED AFTER APRIL DEADLINE

A second deadline will be set in July to submit any other required documents listed on page 5
FINANCIAL NEEDS ANALYSIS FORM

I. TO BE COMPLETED AND TURNED INTO THE COLLEGE/UNIVERSITY FINANCIAL AID OFFICE BY THE STUDENT.

Name: ______________________  Soc. Sec. No.: ______________________

Home Address: ______________________

Street or P.O. Box ______________________  City/Town ______________________  State ______________________  Zip ______________________

Year in College ______________________  Major ______________________

Number of Dependents: __________  This student is considered: Independent______ Dependent_______

II. TO BE COMPLETED BY THE FINANCIAL AID OFFICE:

This student has applied for the Crow Tribal Higher Education Scholarship. Verified financial needs information is requested from your office before we can act on the student's application. We appreciate your assistance. Please complete this form and mail the original to: Crow Tribe Education Department P.O. Box 159, Crow Agency, Mt. 59022, or you may give it to the student in a sealed envelope if the student is going to deliver it to our office. Please inform the student that it must be delivered sealed.

BUDGET PERIOD: From ______________________ To ______________________, Which will Start ______________________

EXPENSES

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$______</td>
</tr>
<tr>
<td>Fees</td>
<td>______</td>
</tr>
<tr>
<td>Books/Supplies</td>
<td>______</td>
</tr>
<tr>
<td>Room/Board</td>
<td>______</td>
</tr>
<tr>
<td>Transportation</td>
<td>______</td>
</tr>
<tr>
<td>Personal</td>
<td>______</td>
</tr>
<tr>
<td>Child Care</td>
<td>______</td>
</tr>
<tr>
<td>Other</td>
<td>______</td>
</tr>
<tr>
<td>Leveraging Education Assistance Partnership (LEAP)</td>
<td>______</td>
</tr>
</tbody>
</table>

TOTAL EXPENSES: $____________________

RESOURCES

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tribal Assistance</td>
<td>$______</td>
</tr>
<tr>
<td>Parent Contribution</td>
<td>______</td>
</tr>
<tr>
<td>Student Contribution</td>
<td>______</td>
</tr>
<tr>
<td>Veteran's Benefits</td>
<td>______</td>
</tr>
<tr>
<td>AFDC/Welfare</td>
<td>______</td>
</tr>
<tr>
<td>Social Security</td>
<td>______</td>
</tr>
<tr>
<td>State (Indian)</td>
<td>______</td>
</tr>
<tr>
<td>Voc. Rehab.</td>
<td>______</td>
</tr>
</tbody>
</table>

TOTAL RESOURCES: $____________________

Student Unmet Need or Recommendation Amount: $____________________

(EXPENSES MINUS RESOURCES)

FINANCIAL AID OFFICER ______________________  DATE ______________________  TELEPHONE NUMBER ______________________

NAME OF INSTITUE ______________________  ADDRESS ______________________