



**Pascua Yaqui Education Division – Yaqui Education Services Department
Higher Education Assistance Application**

FALL SPRING SUMMER / NEW CONT RETURN

Semester/Year: _____ Regular Student: PYT Employee Student (Department)

Date of Application:

Last Name:	First Name:	Middle Initial:	Maiden Name:
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Current Mailing Address: (All Higher Education correspondence will be sent to this address)

City:	State:	Zip:
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Permanent Mailing Address:

City:	State:	Zip:
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Email Address: (List both personal and school emails – all higher education communication will be made to these e-mail addresses)

Social Security No:	-	-	Tribal Enrollment No.										Date of Birth			
			-	-	-	-	-	-	-	-	-	-	-	-	-	

Telephone No:	(Home)	(Message)	(Cell)	(Work)
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Name/Location of High School or GED Center:	H.S. Diploma or GED Received: Month _____ Year _____	State:
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College or University You WILL ATTEND:

Enrollment Status will be (Please check all that apply)

Undergraduate Full-Time 12 credits or more
 Graduate Full-Time 9 credits hours or more
 Part-time 11 credits or less for Undergraduate/8 credit hours or less for Graduate

College Classification: Freshman Sophomore Junior Senior Graduate Certificate Program

Please state your field of study:	Major:	Minor:
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Expected Degree: AA <input type="checkbox"/> AAS <input type="checkbox"/> BA/BS <input type="checkbox"/> MA/MS <input type="checkbox"/> Ed. D/PhD <input type="checkbox"/>	Expected Graduation Date:
Other(List please) <input type="checkbox"/> _____	

Do you have an academic plan of study or personal educational plan that has been provided to you by your academic advisor from your institution? YES NO If yes, please make sure you include a current copy with your scholarship application

**Fill out Back of Application →
Thank you.**

Has the Higher Education Assistance Program ever sponsored you? YES NO

If yes, which academic year and how many units/credits earned?

SEM: _____ Units/Credits: _____

If "yes" please list institution? College/University

Did you attain your degree while receiving assistance through the Higher Education Assistance Program? YES NO

Did you earn a degree without PYT assistance? Y N

If Yes, Which degree did you receive?

AA/AS BA/B MA/M P

Other Institution/Date:

Major/Degree:

If no, do you already possess a degree? If so, which?

AA/AS BA/B MA/M P All of the above

Institution/Date:

Major/Degree:

Please list ALL post-secondary schools attended (Use additional page if necessary:

College/University	City	State	Sem/Yr Last Attended	Credits Earned
College/University	City	State	Sem/Yr Last Attended	Credits Earned
College/University	City	State	Sem/Yr Last Attended	Credits Earned

I would like to receive other Tribal information on activities, meetings, workshops and announcements. YES NO

I certify that the above information on this form is true and correct. If any of the information is falsified, I understand that this may disqualify me for Higher Education Assistance.

I understand that any funding assistance awarded to me is to provide a portion of my educational costs to attend a post-secondary institution. Any assistance I receive will be mailed directly to the address I have listed on my W-9 form. I also acknowledge that it is my responsibility to inform the Higher Education Assistance Program, specifically, my assigned Education Assistance Specialist, of ANY and ALL address, telephone or email updates that need to be made to my Higher Education Assistance Program student file.

I understand that I must provide a copy of an UNOFFICIAL TRANSCRIPT and a new course schedule to the Higher Education Program at the end of each academic semester that includes my name and institution on all documents.

I acknowledge that I have read and understand the Pascua Yaqui Higher Education Assistance Program Ordinance. I understand that it is my responsibility to comply with the Ordinance and the Higher Education internal policies to receive higher education assistance. I also understand that revisions to the Higher Education Assistance Program Ordinance may occur. (Revisions may replace, modify, or eliminate the existing ordinance.)

Per the Higher Education Assistance Program Ordinance (Section 50, (a)), The Higher Education Assistance Program shall keep all applicant files confidential. In order for the Program to discuss information regarding an applicant, the applicant must submit a signed disclosure statement specifying the individual(s) and/or entities to receive the information. Therefore, I hereby give authorization to _____ who is my _____ to receive, submit any documents, and pick up _____ checks (if prior arrangements are made) or to inquire about my student file on my behalf.

(name of person, entity authorized by you)

(relation to you)

I also hereby give authorization to the Pascua Yaqui Tribe Higher Education Assistance Program to request and receive any and all information pertaining to my financial aid status and academic progress (this includes all registration, transcripts and financial aid documents.)

I also understand that it is my responsibility to submit this form to the Pascua Yaqui Tribe Higher Education Assistance Program before the application deadline date. I understand that if I do not submit this application by the deadline date, my application will NOT be considered for funding.

Student Signature: _____

Date:

Tucson Office
7474 S. Camino de Oeste
Tucson, Arizona 85757
Tel: 520-879-5706 * Fax: 520-883-5021
1-800-5-PASCUA

Guadalupe Office
9446 S. Calle Azteca
Guadalupe, Arizona 85283
Tel: 480-768-2082 * Fax: 480-897-5499
1-800-5-PASCUA