



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

This form must be typed. Please fill out all fields below:

FALL	SPRING	SUMMER	NEW	CONT	RETURN
Semester/Year:		Regular Student:	PYT Employee Student:	(Department)	

Date of Application:	(mm/dd/yy)
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Last Name:	First Name:	MI:	Maiden Name:
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Current Mailing Address: (All Higher Education correspondence will be sent to this address) **MUST MATCH W-9**

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

College or University You WILL ATTEND:

College 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
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College Classification:	Freshman	Sophomore	Junior	Senior	Graduate	Certificate Program
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Please state your field of study as indicated on Degree Plan (REQUIRED):	Major:	Minor:
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What is your concentration/goal?	Concentration:	Goal:
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Expected Degree:	AA	AAS	BA/BS	MA/MS	Ed. D/PhD	Expected Graduation Date: (mm/dd/yy)
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Other(List please) _____

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?		
College/University:		SEM:	Units/Credits	
		SEM:	Units/Credits	
		SEM:	Units/Credits	
Did you attain your degree while receiving assistance through the Higher Education Assistance Program? YES NO				
Did you earn a degree without PYT assistance? YES NO				
If Yes, Which degree did you receive?		Major/Degree:		
AA/AS	BA/BS	MA/MS	PhD	
		Other Institution/Date:		
If no, do you already possess a degree? If so, which?		Major/Degree:		
AA/AS	BA/BS	MA/MS	PhD	
All of the above		Other Institution/Date:		
Are you a Ili Uusim Mahtawapo (Pascua Yaqui Tribe Head Start) Alumni?		If yes, when did you graduate?		
YES	NO	Month	Year	
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

Please initial on the line:

_____ 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 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
(name of person, entity authorized by you)
(relation to you)
checks (if prior arrangements are made) or to inquire about my student file on my behalf.

_____ 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

Guadalupe Office
9405 S. Avenida Del Yaqui
Guadalupe, Arizona 85283
Tel: 480-768-2082 * Fax: 480-897-5499