



ALABAMA-COUSHATTA TRIBE OF TEXAS

571 STATE PARK ROAD 56 • LIVINGSTON, TEXAS 77351 • (936) 563-1280

APPLICATION PROCEDURE AND INFORMATION ALABAMA-COUSHATA SCHOLARSHIP PROGRAM

APPLICATION DEADLINE DATES: **Resident & Non-Resident** – June 30th for Fall Semester, October 31st for the Spring Semester, and April 15th for the Summer Semester.

The following documents should be submitted with your Tribal Scholarship Grant Application:

- _____ 1. **Pell Grant (FAFSA)** – To apply for a Pell Grant, complete the application. It can be mailed or submitted electronically by the Education Department. All schools require this information, whether you qualify or not.
- _____ 2. **Letter of Admission** – A copy of your official letter of admission from the college you propose to attend. You will receive this letter after you have applied with them.
- _____ 3. **Participant Acknowledgment & Agreement** – (Signature & Date)
- _____ 4. **Financial Need Analysis Form** – This form is very important and must be completed by the Financial Aid Officer of the college you plan to attend.
- _____ 5. **Transcripts** – If you are a new student entering as a freshman, you will need your High School Transcripts. If you had attended College or University, you must provide College/University Transcripts from your last semester.
- _____ 6. **Application Form** – Complete the application by filling in all blanks. Expenses for tuition, room & board, and anticipated expenses for fees should be based on actual cost obtained from the college catalog or information bulletin.
The Financial Need Analysis Form is included with the application form and is a very important part of the application process.
- _____ 7. **A Certificate Degree of Indian Blood (CDIB)** – Can be obtained from the Tribal Documents or simply fill out the form and it will be turned in to the Tribal Document office.
- _____ 8. **Letter of Intent** – Your personal letter, wherein you state exactly why you want to go to college, why you need a grant, how you plan to use the grants funds, what major you plan to pursue or your plans after graduation.

Mail to : **ALABAMA-COUSHATTA TRIBE OF TEXAS**
ATTN: HIGHER EDUCATION DEPARTMENT
571 STATE PARK 56
LIVINGSTON, TEXAS 77351

It is recommended that you also apply for additional scholarships and grants that may be available from colleges or universities.



ALABAMA-COUSHATTA TRIBE OF TEXAS

571 STATE PARK ROAD 56 • LIVINGSTON, TEXAS 77351 • (936) 563-1280

APPLICATION FOR SCHOLARSHIP GRANT PROGRAM

APPLICANT'S NAME: _____
LAST FIRST MI. MAIDEN

PRESENT ADDRESS: _____
STREET/ROUTE CITY STATE ZIP CODE

TELEPHONE NO: _____ ALTERNATE NO. _____

EMAIL ADDRESS: _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

ARE YOU A MEMBER OF THE ALABAMA-COUSHATTA TRIBE OF TEXAS? YES NO (IF NO, STOP HERE)

IF YES, DEGREE OF INDIAN BLOOD: _____ AND ENROLLMENT NO. _____

Are you considered a dependent of your parents? Yes No If you answered "yes", please answer the following questions. If you answered "no", skip this part and answer below.

Father's Name: _____ Occupation: _____

Employer's Address: _____

Salary Per Year \$: _____

Father's Name: _____ Occupation: _____

Employer's Address: _____

Salary Per Year \$: _____

Student Status: Single Divorce Single Parent

Employer's Address: _____

Salary Per Year \$: _____

Do you have children? Yes No

Number of children living at home: Ages of children:

Housing: Own Rent Other: _____ Monthly Payment: _____

Automobile: Yes No Lease Monthly Payment: _____

ALABAMA-COUSHATTA TRIBE OF TEXAS

DATE: _____

571 State Park Road 56

Livingston, Texas 77351

(936) 563-1280

Semester:

Fall Spring Summer

Name and Address of High School Attended: _____

Did you graduate? Yes No Month and Year? _____

If you did not graduate, did you receive a General Equivalency of Degree (GED)? Yes No
Month and Year? _____

Have you ever attended college or university before? Yes No

If yes, what year: _____ Where: _____

Major: _____ Credit Hours Earned: _____

Classification: Freshman Sophomore Junior Senior Graduate Student

(FRESHMEN ARE TO TAKE NO MORE THAN 12 HOUR CREDITS)

Which Semester are you applying for? Fall: _____ Spring: _____ Summer: _____

Name of College/University you plan to attend: _____

Did you contact the college/university for catalogs, admissions, financial aid, etc.? Yes No

List other scholarships you will be applying for: _____

Have you been accepted for enrollment? Yes No

Have you applied for College Housing/Dormitory? Yes No

ANTICIPATED EXPENSES

Items 1 through 5 should be based on the cost obtained from the Financial Department of the College:

1. Room & Board per semester.....\$ _____
2. Books & Supplies.....\$ _____
3. Tuition for hours per semester at \$ per hour.....\$ _____
4. Fees.....\$ _____
5. Meals.....\$ _____
6. Other (Itemize).....\$ _____
7. **TOTAL AMOUNT**.....\$

THIS INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

The required forms should be submitted

With your application for a grant by:

Signature of Applicant

- **June 30th for Fall Semester**
- **October 31st for Spring Semester**
- **April 15th for Summer Semester**



IN REPLY TO
HIGHER EDUCATION

APPLICATION PROCEDURE AND INFORMATION

BUREAU OF INDIAN AFFAIRS (BIA)
ALABAMA-COUSHATTA TRIBE OF TEXAS

571 State Park Road 56

Livingston, Texas 77351

(936) 563-1280



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It is recommended that you also apply for additional scholarships and grants that may be available from colleges or universities.



UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF INDIAN AFFAIRS
Alabama-Coushatta Tribe of Texas
571 State Park Road
Livingston, Texas 77351
(936) 563-1280

HIGHER EDUCATION SCHOLARSHIP APPLICATION

SCHOOL YEAR: _____

INITIAL APPLICATION

RENEWAL APPLICATION

NAME: _____
ADDRESS: _____ TRIBE: _____
CITY: _____ STATE: _____ ZIP CODE: _____
SSN: _____ D.O.B.: _____ TELEPHONE NO: _____
ALTERNATE NO: _____ EMAIL: _____

COLLEGE/UNIVERSITY/VOCATIONAL INFORMATION

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
FINANCIAL AID OFFICE TELEPHONE NO: _____

CLASSIFICATION

FRESHMAN SOPHOMORE JUNIOR SENIOR GRADUATE STUDENT

MAJOR: _____ FULL-TIME: _____ PART-TIME: _____

SEMESTER AND YEAR OF LAST TRIBAL/BIA GRANT RECEIVED: _____

TYPE OF DEGREE: _____ EXPECTED GRADUATION DATE: _____

STUDENT AGREEMENT

I declare that I will use any funds I receive under the Bureau of Indian Affairs Higher Education Grant Program solely for expenses connected with attendance at the College/University stated above. 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 and the release of information from the college/university/vocational school I am attending to the Bureau of Indian Affairs or necessary agencies to complete my financial aid package. I understand that any BIA grant awarded to me will be mailed to the financial aid office of the institution. I will provide a copy of my grades or transcripts to the BIA Higher Education Office upon completion of each academic term, along with a verification of enrollment for the next term.

STUDENT SIGNATURE

DATE



UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF INDIAN AFFAIRS
Alabama-Coushatta Tribe of Texas
571 State Park Road
Livingston, Texas 77351
(936) 563-1280

HIGHER EDUCATION STUDENT AGREEMENT

1. All students are required to submit timely grade reports, as issued by the college, university, or vocational schools, for each term funded by the scholarship office.
2. After notifying a student for not meeting academic requirements, the student is placed on academic probation for the following academic term.
3. A student on academic probation must complete 12 or more semester hours with a GPA of 2.0, which includes both the cumulative and term averages.
4. Student's failure to meet academic requirements shall result in suspension from the scholarship program. Failure to meet minimum academic requirements during the probation will result in repayment of the grant award for the academic year or term.
5. Students suspended from the scholarship program shall not be considered for future funding until they: (1) utilize other funding sources, (2) complete a minimum of 12 credit hours per term with a cumulative and term GPA of 2.0.
6. Students receiving scholarship grants for two years shall provide an official transcript of his/her college work to this office for evaluation of the student's progress toward the completion of the degree requirements.

When a student pursuing a first-time degree cannot complete either a four- or five-year baccalaureate degree program, or when students cannot meet the associate degree requirements within two academic years, they must submit transcripts of grades and program plans to the office for review. A determination about the student's eligibility for an extension to complete a degree will be made, and notifications will be sent. In no case shall the extension exceed one academic year beyond the program plan.

STUDENT SIGNATURE

DATE

ALABAMA-COUSHATTA TRIBE OF TEXAS

HIGHER EDUCATION DEPARTMENT

(936) 563-1280

Participant Acknowledgement and Agreement

For Academic Year: _____

As a participant in the Alabama-Coushatta Tribe of Texas Scholarship Program (hereinafter referred to as the Scholarship Program), I hereby acknowledge that I have read and fully understand the rules, terms and conditions of this program and agree to abide by said rules, terms and conditions. I also acknowledge that the rules, terms, and conditions may be amended and/or modified from time to time, and I agree to comply with all future amendments or modifications. I understand that my failure to comply with all such rules, terms, and conditions currently existing or as amended or modified may result in my immediate and permanent termination from the Scholarship Program.

I understand and agree that in the event that I knowingly provide false information in the process of applying to the Scholarship Program, such false information may constitute fraud. Receipts of funds, which are distributed by the Scholarship Program in reliance on fraudulent information, may constitute theft of Tribal monies.

As a scholarship recipient, I agree to be and shall be legally obligated to apply all scholarship funds to the educational purpose specified in my academic plan. If I withdraw, drop out, or am expelled from any classes, or if I reduce the initial number of credits or classes taken or otherwise failed to complete the academic period or plan, any money which may remain on academic account or which is refunded or returned to me, shall be returned to the Scholarship Program within five (5) business days after such funds are received by me. Failure to do so shall constitute a material breach of the Scholarship Program Agreement and may be deemed theft of Tribal scholarship funds. (Money returned to the Scholarship Program shall be made payable to Alabama-Coushatta Tribe of Texas and sent to: The Alabama-Coushatta Education Department, 571 State Park Road 56, Livingston, Texas 77351.

As a participant, I agree that participation in this program is strictly voluntary. The Alabama-Coushatta Tribe of Texas assumes no responsibility or liability for any effects that the Scholarship Program may have on any other funding anticipated or actually received by me, including but not limited to welfare, Social Security, Supplemental Security Income, Medicare, or other grants, scholarships and/or fellowships provided by any private state or federal entities currently existing or created in the future.

As a participant, I accept complete responsibility for my participation in the Scholarship Program. I fully understand that the existence of the Scholarship Program does not in any way guarantee that funds will be awarded until such funds are actually received by me.

Tax Consequences: I understand that receiving an educational scholarship from the Alabama-Coushatta Tribe of Texas may result in tax consequences. The Internal Revenue Service (IRS) states that any money I received is income, although educational scholarship income may qualify for an exception. I understand that the responsibility for substantiating any deduction of educational scholarship income rests with the individual taxpayer. I understand the importance of consulting with a tax professional to properly determine the tax consequences of my participation in the Scholarship Program. I further understand that the Alabama-Coushatta Tribe of Texas is not liable for any tax consequences that may result from the distribution of scholarship funds to me.

I agree that a signed facsimile copy of this agreement shall have the same time and effect as a signed original and shall bind me to this agreement.

I, _____ by signing below, state that I have read and fully understand the contents of this document. Dated this _____ day of _____ 20 _____.

Participant Signature

Parent/Guardian (if participant is under 18)

Participant Social Security Number

FINANCIAL NEED ANALYSIS

ALABAMA-COUSHATTA TRIBE OF TEXAS

Home Agency of Tribe

TO BE COMPLETED BY STUDENT: PART 1

Name: _____ Social Security No. _____
Home Address: _____
Street City State Zip Code
Home Telephone: _____ Cell No: _____ Other: _____
Email Address: _____
Years in College: _____ Major: _____ Minor: _____
Marital Status: _____ No. of Dependents: _____

Please send the necessary application for college-administered financial aid. I give permission for the University to release financial information to the BIA/Alabama-Coushatta Tribe of Texas – Education Department. The Education Department will need information on financial assistance listed in Part II before any action will be taken on my application. When all the necessary information is on file, please complete and forward PART II or a similar form to:

ALABAMA-COUSHATTA TRIBE of TEXAS

Higher Education Program

571 State Park Road 56

Livingston, TX 77351

Student's Signature & Date

All students are required to apply for other sources of funding available through the Financial Aid Office

TO BE COMPLETED BY FINANCIAL AID OFFICER: PART II

This student has applied to the Alabama-Coushatta Tribe of Texas, Higher Education Office. Information on verified financial need is requested through your office before action is taken on this application. We appreciate your assistance and would like you to complete and forward this form, or a similar form, to the above address. Thank you for your assistance.

- () The student has not yet applied for financial aid. Need cannot be determined.
- () The student applied late. Will not be considered for funding.
- () The student's application is incomplete and cannot be considered.
- () Funds are exhausted at the institution.

This student is considered: Independent: _____ Dependent: _____
BUDGET PERIOD – From _____ to _____ Which will start on (date): _____

COLLEGE/UNIVERSITY BUDGET

Tuition: _____
Fees: _____
Dormitory: _____
Meal Plan: _____
Books: _____
Travel: _____
Misc.: _____
Other (Specify): _____

STUDENT RESOURCES AND INSTITUTION AWARDS

Parental Contribution: _____	S.E.O.G.: _____
Student/Spouse Contribution: _____	Pell Grant: _____
VA Benefits: _____	C.W.S.: _____
Stafford Loan: _____	Scholarship: _____
Social Security: _____	Scholarship: _____
State Grants: _____	Scholarship: _____
State Indian Scholarship: _____	Scholarship: _____

TOTAL COST: _____ TOTAL RESOURCES: _____

We recommend that the total cost be considered awarding for this student \$ _____

Signature: _____
Financial Aid Officer Date Telephone

Name of College Address City, State, Zip

School is based on: _____ Semester System _____ Quarter System _____



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PERMISSION TO RELEASE

I, _____ (tribal member's name) do hereby give permission

to the Tribal Enrollment Office to release information for the following reason(s):

Check all that apply:

Birth Certificate

Social Security Card

C.D.I.B/CIB Information

Other: (explain): _____

Signature

Date

Date Received: _____

Tribal Enrollment Officer



LETTER OF INTENT

[illegible]