

## 2024 – 2025 APPLICATION FORM

## **San Pasqual Band of Mission Indians**

## **University & College / Vocational Scholarship Requirements**

- 1. Completed Application Form
- 2. Proof of Acceptance, Enrollment, Registration, or Admissions (a current class schedule is an acceptable substitute)
- 3. Financial Aid Statement and evidence of other Financial Aid Assistance Awards
- 4. Copy of student's Free Application for Federal Student Aid (FAFSA) Please apply three months prior to FAFSA to ensure you receive award, must be attached
- 5. Financial Needs Analysis Form (attached) student to authorize school to release financial aid/award information to the Tribe
- 6. Official Billing Statement from the school you are attending

\*\*\*Please allow 4 to 6 weeks to process a completed scholarship application.

7. Proof of Indian Certification

Date Completed\_\_\_\_\_

- 8. Student Statement Include connection to Tribe and personal goals (MUST BE SIGNED)
- 9. Official Transcript of previous term showing proof that previous classes were completed where a scholarship award has been made Must have a 2.00 GPA or higher
- 10. Degree/Class Schedule for semester you are requesting scholarship assistance
- 11. Copy of student ID
- 12. Reimbursement requests for "single classes" must be submitted within 30 days of receipt. Vocational school reimbursement requests must be submitted within 90-days of receipt.

| Date                         | Term                   | Year in School     |  |
|------------------------------|------------------------|--------------------|--|
| Name                         |                        | DOB                |  |
| Physical Address             |                        |                    |  |
|                              |                        |                    |  |
|                              |                        |                    |  |
| Degree to be obtained        | AA BA BS MA PHD Other: | Major              |  |
| College/University/Voo       | cational School Name   |                    |  |
| Institution Address          |                        |                    |  |
| Financial Aid Counselor Name |                        | Phone              |  |
| Student's Signature          |                        | Date               |  |
|                              | SPE                    | ED Office Use Only |  |
| Date Received                | Ву                     |                    |  |
| Application Missing Ite      | ms:                    |                    |  |

Date Submitted for Review\_\_\_\_\_