



**PUEBLO OF ACOMA HIGHER EDUCATION PROGRAM**

**P.O. Box 307  
Acoma, New Mexico 87034  
Telephone: (505) 552-5135  
Fax: (505) 552-6812**

**APPLICATION DEADLINE DATES:**

**Summer - April 7 (Separate application needed if applying for Summer Term)  
FALL Term: June 1 (Academic Year)                      SPRING Term: November 1**

**CONTINUING GRANT APPLICATION**

**Check One, if not applying for Academic year:**

Summer \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_

Academic Year: \_\_\_\_\_  
Full Time (12+hrs) \_\_\_\_\_ Part Time (6hrs) \_\_\_\_\_

College/University Attending: \_\_\_\_\_

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

School Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

**NUMBER OF COMPLETED HOURS AND DEGREE STATUS:**

Status (**Circle One**):    FRESHMAN                      SOPHOMORE                      JUNIOR                      SENIOR

Completed Hours: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Have you seen your advisor to complete degree plan? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, please explain: \_\_\_\_\_

Expected term and year to receive degree: \_\_\_\_\_

**CIRCLE ONE:**    Associate                      Bachelor's Degree                      Major: \_\_\_\_\_

Have you applied for campus-based financial aid? \_\_\_\_\_ Yes \_\_\_\_\_ No    Date: \_\_\_\_\_

If No, please explain: \_\_\_\_\_

**I understand that I am responsible for:**

1. Informing the AHE Office in writing, if I should withdraw from ANY classes;
2. Submitting a copy of my grades after each semester;
3. Submitting a copy of my Student Aid Reports and the Tribal Needs Analysis Form each school year to the School's FA office and the Acoma Higher Education office;
4. Seeking other resources to finance my education, as the Acoma Higher Education Program is not the primary source of financial aid, but a supplementary program to all campus based aid.

With my signature, I certify that I will use the Acoma Higher Education grant funds received, only for expenses associated to my education.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## ACOMA HIGHER EDUCATION PROGRAM NEED ANALYSIS/RECOMMENDATION

**Student:** Complete PART A only, please print legibly all information, then sign and date before submitting to Financial Aid office at your college/university.

**NOTE:** You are required to apply for all forms of financial aid at your college or university in addition to the Acoma Higher Education Grant Program. We urge you to seek other outside sources of funding as well.

Name: \_\_\_\_\_ Tribe: \_\_\_\_\_  
First Middle Last

Address: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

University/College: \_\_\_\_\_ Major: \_\_\_\_\_

School Year 20 \_\_\_\_ - 20 \_\_\_\_ Check One: FR \_\_\_\_ SO \_\_\_\_ JR \_\_\_\_ SR \_\_\_\_ GRAD \_\_\_\_

Enrollment: Full-time \_\_\_\_ Part-time \_\_\_\_ Housing: W/Parent \_\_\_\_ On Campus \_\_\_\_ Off Campus \_\_\_\_

I hereby release the above named institution to provide the Acoma Higher Education Program with any information pertaining to my continued financial aid eligibility. This information shall include but not be limited to the following: financial aid, academic transcripts, class schedule, and current address & phone number. A photocopy of this authorization shall have the same force and effect as an original.

Financial Aid Administrator, **PLEASE** return **COMPLETED** form to:

Acoma Higher Education Grant Program - PO Box # 307 Acoma, NM 87034 Fax to: (505) 552-6812

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### **PART B: TO BE COMPLETED BY THE FINANCIAL AID ADMINISTRATOR**

Calendar is: Semester \_\_\_\_ Quarter \_\_\_\_ Trimester \_\_\_\_ Independent \_\_\_\_ Dependent \_\_\_\_

Financial Aid will cover the period: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

The student named above [is \_\_\_\_] [is not \_\_\_\_] making satisfactory academic progress

The following reflects this student's costs and the financial aid awarded to date.

<u>Expenses</u>	<u>Resources</u>
Tuition/Fees _____	F/Pell _____
Room/Board _____	F/SEOG _____
Books/Supplies _____	F/SIG _____
Transportation _____	F/WS _____
Personal _____	Other WS _____
Other _____	F/Perkins _____
	Personal/Spouse _____
	Parent Contribution _____
	Veteran's Benefits _____
	F/Safford Loan _____
	Other _____

Total Expenses \$ \_\_\_\_\_ minus Total Resources \_\_\_\_\_ = Unmet Need \_\_\_\_\_

I certify that this student has applied for and has been considers for all federal & Institutional aid.

Print FAA Name: \_\_\_\_\_ Institution: \_\_\_\_\_

FAA Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

FAA Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_