



## **PUEBLO OF ACOMA HIGHER EDUCATION PROGRAM**

**P.O. Box 307**

**Acoma, New Mexico 87034**

**Telephone: (505) 552-5135**

**Fax: (505) 552-6812**

### **ACOMA HIGHER EDUCATION GRANT PROGRAM**

The Pueblo of Acoma contracts with the Bureau of Indian Affairs to administer the Higher Education Grant Program. Funds are annually appropriated by Congress to aid eligible Acoma Tribal members enrolled on the Pueblo of Acoma Censes Roll, seeking two year Associate (Liberal Arts) or four-year Bachelor Degrees at accredited post-secondary institutes.

The Acoma Higher Education Grant Program is a supplemental program to ALL campus-based financial aid, which includes: Pell Grants, SEOG and SSIG Grants, work study, student loans, etc., using the Free Application for Federal Student Aid (FASFA). These federal applications are available on line at [fafsa.ed.gov](http://fafsa.ed.gov) or at the college/university financial aid office. The application should be submitted by the priority deadlines, check with your Financial Aid office for their deadline.

**The Higher Education Grant Program Application requires the following documents to be submitted before an application is considered complete:**

1. AHE Grant Application
2. Letter of Undergraduate Admission/ Copy of class schedule
3. Certificate of Indian Blood/Tribal Enrollment
4. Two Letters of Recommendation
5. Official High School with ACT/SAT Scores or Post-Secondary Transcript (if transfer student)
6. Student Aid Reports (SAR's are forms that come after completing the FASFA)

#### **DEADLINE DATES FOR FILING APPLICATIONS ARE:**

**FALL SEMESTER: MAY 1**

**SUPPORTING DOCUMENTS DUE JULY 1**

**SPRING SEMESTER: OCTOBER 1**

**SUPPORTING DOCUMENTS DUE DECEMBER 1**

We encourage you to visit with your high school counselor, financial aid advisor and the Acoma Higher Education Grant Office for assistance and sincerely commend you for your endeavors to continue your education. We look forward to working with you and can be reached at the address and telephone number listed above.

Staff: Justine L. Antonio, Student Support Coordinator    **E-Mail address: [jlantonio@puebloofacoma.org](mailto:jlantonio@puebloofacoma.org)**

**PUEBLO OF ACOMA - INITIAL HIGHER EDUCATION GRANT APPLICATION**

**\*FALL APPLICATION – DUE MAY 1**

**\*SPRING APPLICATIONS – DUE OCTOBER 1**

APPLICATION FOR: FALL SEMESTER 20 \_\_\_\_\_ SPRING SEMESTER 20 \_\_\_\_\_

FULL TIME \_\_\_\_\_ OR PART TIME \_\_\_\_\_

**PERSONAL AND FAMILY DATA:**

Marital Status: \_\_\_\_\_ Acoma Tribal Enrollment # \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (MI)

\_\_\_\_\_  
(Address) (City) (State) (Zip) (Phone#)

E-mail Address: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

MOTHER’S NAME \_\_\_\_\_ ADDRESS: \_\_\_\_\_

FATHER’S NAME \_\_\_\_\_ ADDRESS: \_\_\_\_\_

**EDUCATIONAL DATA:**

HIGH SCHOOL ATTENDED : \_\_\_\_\_

GRADUATION DATE: \_\_\_\_\_ TYPE: PUBLIC SCHOOL: \_\_\_\_\_ BIA SCHOOL \_\_\_\_\_  
PRIVATE OR MISSION \_\_\_\_\_ GED GRADUATE \_\_\_\_\_

COLLEGE/UNIVERSITY TO ATTEND: \_\_\_\_\_

ADDRESS (REQUIRED): \_\_\_\_\_

CLASSIFICATION: FRESHMEN \_\_\_\_\_ SOPHOMORE \_\_\_\_\_ JUNIOR \_\_\_\_\_ SENIOR \_\_\_\_\_

I WILL LIVE: ON-CAMPUS \_\_\_\_\_ OFF-CAMPUS \_\_\_\_\_

Type of Degree Seeking: Associate (Liberal Arts)/2yrs. \_\_\_\_\_ Bachelor/4+yrs. \_\_\_\_\_

INTENDED MAJOR: \_\_\_\_\_ Expected Year to Receive Degree \_\_\_\_\_

Prior College Attended (if applicable) \_\_\_\_\_ Semester/Year \_\_\_\_\_

I HAVE APPLIED FOR ALL CAMPUS-BASED FINANCIAL AID: YES \_\_\_\_\_ DATE: \_\_\_\_\_

IF NO, PLEASE EXPLAIN: \_\_\_\_\_

**ACKNOWLEDGEMENT:**

If I should decide not to attend school, I will notify Acoma Higher Education Grant Program immediately: I also understand the AHE Program is a supplemental program to all campus based financial aid and it is up to me to seek additional resources to finance my education.

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

## STATEMENT OF PRIVACY

THE PRIVACY ACT OF 1974 REQUIRES EACH FEDERAL AGENCY THAT MAINTAINS A SYSTEM OF INFORMATION ON INDIVIDUALS TO INFORM THOSE INDIVIDUAL AS TO:

- A. THE AUTHORITY (WHETHER GRANTED BY STATUE, OR BY EXECUTIVE ORDER OF THE PRESIDENT) WHICH AUTHORIZES THE SOLICITATION OF THE INFORMATION AND WHETHER DISCLOSURE OF SUCH INFORMATION IS MANDATORY OR VOLUNTARY;
- B. THE PRINCIPLE PURPOSE OR PURPOSES FOR WHICH THE INFORMATION IS INTENDED TO BE USED;
- C. THE ROUTINE USES WHICH MAY BE MADE OF THE INFORMATION, AS PURSUANT TO PARAGRAPH (4) OF THIS SUBSECTION; AND THE REQUESTED INFORMATION THE BUREAU OF INDIAN AFFAIRS HIGHER EDUCATION ASSISTANCE PROGRAM OPERATES UNDER THE GENERAL AUTHORITY OF 24 USC CHAPTER 13, 42 STATE 208 P.L. 67085 WITH SPECIFIC LEGISLATION CONTAINED IN 25 USE, SUBCHAPTER E, PART 32 ADMINISTRATION OF EDUCATION LOANS, GRANTS AND OTHER ASSISTANCE FOR HIGHER EDUCATION.

IN ACCORDANCE WITH THE ACCOUNT ABILITY REQUIRED FOR THE ADMINISTRATION OF THE FUNDS APPROPRIATED FOR THE PROGRAM AND IN ORDER TO PROVIDE SERVICES TO RECIPIENTS AND TO DECLARE ELIGIBILITY, CERTAIN INFORMATION IS REQUIRED OF APPLICANTS. THIS FORM SOLICITS THE REQUIRED INFORMATION; USE OF PERSONAL DATA WILL BE AVAILABLE TO AUTHORIZED SOURCES UPON REQUEST. THE APPLICANT SHOULD UNDERSTAND THAT THE INTENT OF COLLECTING AND MAINTAINING THE MEANS FOR PRODUCING CERTAIN STATISTICAL RECORDS REQUIRED OF THIS OFFICE. FAILURE ON THE PART OF THE APPLICANT TO PROVIDE THE REQUESTED INFORMATION WILL PRECLUDE THE APPLICANT FORM ELIGIBILITY IN OBTAINING HIGHER EDUCATION ASSISTANCE UNDER THE PROGRAM.

I HAVE READ THE "STATEMENT OF PRIVACY" LISTED WITH THE APPLICATION FORM. I HEREBY PROVIDE THE REQUIRED INFORMATION AND AUTHORIZE THE USE OF SUCH INFORMATION TO THE EXTENT OF THE USES SPECIFIED IN THE STATEMENT TO THE ACOMA HIGHER EDUCATION GRANT PROGRAM.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROGRAM COORDINATOR

\_\_\_\_\_  
DATE

STUDENTS: Please **submit** this form to the **Acoma Tribal Census Office at P.O. Box 309, Pueblo of Acoma, New Mexico 87034**. When completed return to the Higher Education Grant Program office.

**PLEASE PRINT CLEARLY:**

**FULL NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**FATHER'S FULL NAME:** \_\_\_\_\_

**MOTHER'S FULL NAME:** \_\_\_\_\_  
**(MAIDEN NAME IF ACOMA)**

**PLEASE DO NOT WRITE BELOW THIS LINE! CENSUS OFFICE USE ONLY!**

**CERTIFICATION**

I hereby certify that \_\_\_\_\_,  
whose Date of Birth is \_\_\_\_\_ is, listed on the Pueblo of  
Acoma census records, dated \_\_\_\_\_. An Official  
record of this person being \_\_\_\_\_ Degree total Acoma/Indian Blood with a census roll  
number\_\_\_\_\_.

\_\_\_\_\_  
**GOVERNOR, PUEBLO OF ACOMA**

\_\_\_\_\_  
**CENSUS/ENROLLMENT TECHNICIAN**

\_\_\_\_\_  
**DATE**

# ACOMA HIGHER EDUCATION PROGRAM

## NEED ANALYSIS/RECOMMENDATION

**PART A: Submit to the financial aid office at your college/university.** Please **print legibly**, then sign on student signature line. Your signature gives permission for the Financial Aid office to release information to our Program.

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

NAME (print) \_\_\_\_\_ Tribe Acoma  
First Middle Maiden 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.

**EXPENSES**

**RESOURCES**

Tuition/Fees \$ _____	F/Pell \$ _____	Personal/Spouse \$ _____
Room/Board _____	F/SEOG _____	Parent Contribution _____
Books/Supplies _____	S/SIG _____	Veteran's Benefits _____
Transportation _____	F/WS _____	F/Stafford Loan _____
Personal _____	Other WS _____	Other _____
Other _____	F/Perkins _____	

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

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

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

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

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