



Seneca Nation of Indians  
 Department of Education  
 Cattaraugus Territory  
 Higher Education Program

Where Learning Is  
 Tradition

12861 Route 438  
 Irving, NY 14081  
 PH: (716) 532-3341  
 FX: (716) 532-3269  
 WB: www.sni.org/hep

SENECA NATION OF INDIANS & BUREAU OF INDIAN AFFAIRS  
 SCHOLARSHIP APPLICATION-PAGE 1 OF 4

SNI-HEP DEADLINES by SEMESTER: Fall-July 1, Spring-December 1, Summer- May 1

SNI-HEP DEADLINES by QUARTER: Fall- August 1, Winter- November 1, Spring- February 1, Summer- May 1

**APPLICATION REQUIREMENTS**

1. Apply for Federal and State Aid - Free Application For Student Aid [FAFSA] takes care of federal and most full-time state aid, see table to the right
2. Apply for Part-time Study State Aid, if attending part-time
3. Apply for State Indian Aid

**REQUIRED DOCUMENTATION-**  
 COMPLETE THE APPROPRIATE CHECKLIST:

**NEW APPLICANT - ENCLOSE THE FOLLOWING:**

- Official Tribal Certificate
- HS Diploma or GED-copy
- College Transcript(s)
- Letter of Reference (not a relative)
- Personal Letter of Educational Goals-typed
- FAFSA Submission Confirmation Page
- State Aid Submission Confirmation (FT or PT)
- Completed Financial Aid Package Form (pg 3)
- State Indian Aid/Scholarship Confirmation
- Student Aid Report [SAR] Copy
- SNI-HEP Policy
- Class Schedule
- SEE ADDITIONAL DOCUMENTATION

**RE-APPLICANT - ENCLOSE THE FOLLOWING:**

- FAFSA Submission Confirmation Page
- State Aid Submission Confirmation (FT or PT)
- Completed Financial Aid Package Form (pg 3)
- State Indian Aid Submission Confirmation
- Student Aid Report Copy [SAR]
- Final Grade Report from last term funded
- Class Schedule
- SEE ADDITIONAL DOCUMENTATION

**ADDITIONAL DOCUMENTATION-**  
 STUDENTS MUST SUBMIT COPIES OF THE FOLLOWING DOCUMENTATION AS IT BECOMES AVAILABLE

- Letter of College Acceptance/Re-admittance
- Financial Aid Award Letter from College
- State Aid Award Letter (part-time/full-time)
- State Indian Aid Award Letter

**STATE AID DEADLINES (Approximate)**

AK	April 15
AR	Academic Challenge - June 1 Workforce Grant-check with financial aid office
AZ	June 30
* CA	For initial awards - March 2. Additional community college awards - Sept. 2
CT	February 15
* DC	June 30
DE	April 15
FL	May 15
IA	July 1
IL	1st-time applicants - Sept 30 Continuing - Aug 15
IN	March 10
*KS	April 1
KY	March 15
LA	July 1
MA	May 1
MD	March 1
ME	May 1
MI	March 1
MN	30 days after term starts
MO	April 1
MT	March 1
MS	MTAG & MESHG Sept, 15. Help-March 31
NC	March 15
ND	March 15
NH	May 1
NJ	June 1 w/ Tuition Aid Grant in same year. All others- Oct 1 fall & spring terms; Mar 1 for spring
* NY	May 1
OH	October 1
OK	April 15
* PA	All State & all non-State Grant recipients in degree programs - May 1. All other-Aug 1
RI	March 1
SC	June 30
TN	For State Grant - May 1. For State Lottery-Sept 1
WV	March 1

\*Check with your financial aid administrator for these states and territories: AL, \*AS, CO, \*CT, \*FM, GA, \*GU, \*HI, ID, \*MH, \*MP, MS, \*NE, \*NM, \*NV, PR, \*PW, \*SD, \*TX, UT, \*VA, \*VI, \*VT, WA, WI, and \*WY

**I understand incomplete applications may be returned.**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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**APPLICATION INFORMATION** (please complete all information)

When was the last term you received an SNI/BIA Scholarship? _____	From Cattaraugus or Allegany? _____
Applying for which Academic Year* _____	<b>* Academic Year is Fall – Summer</b>
Which Term(s):    Fall    Winter    Spring    Summer*	<b>* Summer may require a new FAFSA application; consult your financial aid office.</b>
Institution _____	Type of Institution:    Two-Year    Four-Year
Street _____	Is it an on-line degree program?    Yes    No
City/ST/ZIP _____	Institution is on:
Web Address _____	Semesters                      Trimesters                      Quarters

STUDENT PROFILE	PARENT PROFILE
Name _____	Mother _____
Maiden Name _____	Tribal Enrollment # _____
SSN _____	Father _____
Tribal Enrollment # _____	Tribal Enrollment # _____
Date of Birth _____	

LEGAL RESIDENCE (as reported on FAFSA)	MAILING ADDRESS –if different from Legal Residence
Street _____	Street _____
City/St/Zip _____	City/St/Zip _____

Phone _____	Email _____
Cell _____	Cell-text enabled?    Y    N    Service Carrier? _____

STUDENT STATUS	
Choose One:    Full-time    Part-time	
Choose One Housing Plan:    Campus Approved Housing    Off-Campus    Commuter-With Parents	
Choose One:    Undergraduate    Graduate	
Choose One:    Freshman    Sophomore    Junior    Senior    Graduate	
Year in College:    1    2    3    4    5    6    7    8    Other _____	
Degree Type:    AA    AS    BA    BS    MA    MS    Other _____	
Major: _____	Graduation Date: _____

## FINANCIAL AID PACKAGE FORM

**PART 1: COMPLETED BY THE STUDENT THEN FORWARD TO YOUR INSTITUTION FINANCIAL AID OFFICE**

Name \_\_\_\_\_ Institution \_\_\_\_\_

SSN \_\_\_\_\_ Web Address \_\_\_\_\_

Choose One: Term, Indicate Year \_\_\_\_\_ Financial Aid Phone # \_\_\_\_\_

Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Financial Aid Fax # \_\_\_\_\_

By signing below-I indicate that I authorize my financial information to be released to the Seneca Nation Higher Education Program for the purposes of scholarship eligibility.

**PART 2: COMPLETED BY A FINANCIAL AID OFFICER**

- Verified financial aid information is needed through your office for the above applicant/student.
- Indicate whether figures are **ESTIMATES** or **ACTUAL**.
- Fill in an amount for ROOM and BOARD for ALL students including commuters.

Is student matriculated? Yes No Degree program: \_\_\_\_\_

School is on: Semesters Trimesters Quarters Other

Term Dates (start to end): \_\_\_\_\_ Number of enrolled credits: \_\_\_\_\_

Did the student submit the State Aid application by the State deadline? Yes No Unknown

Parent EFC _____	Federal Pell Grant _____	TUITION _____
Student EFC _____	Full-time State Aid _____	FEES _____
Federal Perkins _____	Part-time State Aid _____	Double Occ. Room _____
Federal Stafford _____	State Indian Aid _____	BOARD _____
Federal SLS _____	College Work-Study _____	BOOKS _____
PLUS Loans _____	Incentive Grant _____	SUPPLIES _____
College Funded Loan _____	Tuition Waiver _____	TRAVEL _____
Federal SEOG _____	College Award _____	
HEOP/EOP _____	AIGC _____	
Veteran Assistance _____	Other: _____	
Voc Rehabilitation _____	Other: _____	

**TOTAL RESOURCES:** \_\_\_\_\_

**TOTAL EXPENSES:** \_\_\_\_\_

We recommend that the SNI-HEP consider awarding this student \$ \_\_\_\_\_  
 Notify our office of any revision to their financial aid packages.

PRINT NAME \_\_\_\_\_ (Financial Aid Officer) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Phone) \_\_\_\_\_ (Fax)

\_\_\_\_\_ (School)

\_\_\_\_\_ (School Address)

**Please send to:**  
**Seneca Nation Higher Education**  
**Cattaraugus Territory**  
**12861 Route 438**  
**Irving, New York 14081**  
**Phone: (716) 532-3341**  
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**SIGNATURE & RELEASE FORM**

**HIGHER EDUCATION PROGRAM POLICY ACKNOWLEDGMENT**

*I have read the SNI-HEP Guidelines (approved by Tribal Council July 24, 2003). I understand the contents of the policies and do hereby agree to abide by all terms listed.*

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

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

**INFORMATION RELEASE FORM**

*I, \_\_\_\_\_, do hereby give permission for my institution to send a copy of my transcripts and other pertinent educational and financial information to the Seneca Nation Higher Education Counselor for each term the SNI-HEP contributes funding toward my education.*

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

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

**BIA HIGHER EDUCATION GRANT/PRIVACY ACT AND PAPERWORK REDUCTION ACT**

*This information is provided pursuant to Public Law 03-579 (Privacy Act of 1974). Although furnishing personal information to this office is voluntary, failure to supply complete and accurate information may preclude the applicant from eligibility for assistance under this program.*

*This information is being collected to determine eligibility of individuals applying for services. This information will be used to produce statistical records required of this office of Indian Education Programs. Response to this request is required to obtain a benefit.*

*I hereby certify the information on this form is true and correct to the best of my knowledge and consent to the release of this information to necessary agencies to complete my financial aid package. I request that any BIA/SNI grant awarded to me be mailed to the financial aid office of the institution I am attending. I will provide a copy of my grades or transcript to the BIA/SNI Higher Education Office at the end of each term.*

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

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

PARENT

SIGNATURE

(IF Under 21): \_\_\_\_\_

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

**CERTIFICATE OF AGREEMENT**

*For the reasons given in the preamble, Part 40 of Title 25, Chapter I of the Code of Federal Regulations is proposed to be revised as set forth: Sec. 40.8 (a) If your undergraduate degree requires four or fewer academic years, you may take extra years to complete the program, but you must finish a degree in no more than five academic years. (b) If your undergraduate degree program normally requires more than four academic years, you may take extra years to complete the program, but you must finish a degree in six academic years. (c) The SNI/BIA Higher Education Program may waive the time limits for hardship caused by special circumstances. (d) To remain eligible for continued funding, you must submit a grade report or transcript for each term to the SNI/BIA Higher Education Program. Sec. 40.9 (a) You will be required to pay back any portion of the grant you receive if you, without mitigating circumstances fail to enroll, withdrawal, or expulsion before the completion of a term. (b) Within ten days of your failure to enroll or withdrawal or expulsion you will be required to submit to the SNI/BIA Higher Education Program the date of your failure to enroll, withdrawal or expulsion; and a written statement with supporting documentation stating your reasons for failure to enroll, withdrawal or expulsion including mitigating circumstances; and a copy of your request to the institution that all remaining grant funds be returned to the SNI/BIA Higher Education Program. (c) The SNI/BIA Higher Education Program Committee will review all information and notify you in writing of arrangements to pay the balance of funds allocated or grant you a waiver based upon mitigating circumstances.*

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

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