



COLORADO RIVER INDIAN TRIBES

Career Development Office

13390 N. 1st Avenue

Parker, Arizona 85344

(928) 669-5548 1-800-809-6207 Fax (928) 669-5570

critcdo@critcdo.com

critcdo.com

GRANTS & SCHOLARSHIP PROGRAM

Congratulations on your decision to continue your education! The Colorado River Indian Tribes funds eligible students, through Tribal and Bureau of Indian (BIA) funds, who are pursuing a college degree, such as Associates (Arts or Science), Bachelors, Masters, or a Doctorate at an accredited college or university.

The purpose of the Career Development Office is serve eligible CRIT Tribal members and provides them the opportunity to achieve their educational goals. This opportunity is provided as a privilege with the intent that the recipient, upon graduation, will return and apply their learning to benefit the continuing development of the Colorado River Indian Tribes.

FINANCIAL ASSISTANCE AVAILABLE

BIA GRANTS:

Grants are awarded to students who demonstrate a need for financial assistance as recommended by the Institution's Financial Aid Officer.

TRIBAL SCHOLARSHIP:

Tribal Scholarships are awarded to students who do not demonstrate a need for financial assistance as recommended by the Institution's Financial Aid Officer.

DEADLINE DATES:

If deadline falls on Saturday, deadline will be Friday before deadline, or if Sunday, deadline will be Monday:

FALL/SPRING SEMESTERS

JUNE 30 by 5:00 pm

SPRING SEMESTER ONLY

OCTOBER 30 by 5:00 pm

GENERAL ELIGIBILITY (other rules may apply):

1. Be an enrolled member of the Colorado River Indian Tribes.
2. Be a high school graduate with a 2.50 cumulative Grade Point Average (GPA), or earned a GED certificate with a 45% composite score. Former/Continuing students are required to submit an Official Transcript from last institution funded.
3. Be admitted and enrolled at an accredited college/university.
4. Apply for all available funding sources (Pell Grant, SSIG, etc.)
5. Be pursuing a professional degree (Associates, Bachelors, etc.)

RESPONSIBILITY OF APPLICANT:

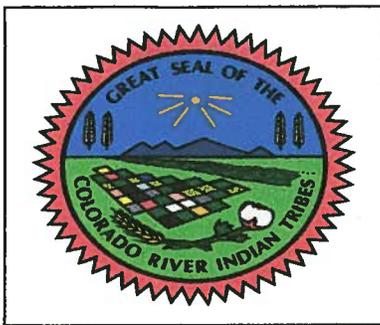
- A. Complete, sign, and submit a new application for each academic year. A new CDO contract, Privacy Act Statement, FERPA, and Repayment policy must also be signed.
- B. Request high school and/or college/university Official Transcript or GED scores for the Career Development Office. A transcript bearing a raised seal and or printed on tamper-proof security paper from the Institution will be verified as official. **Photocopies will not be accepted, no exceptions.**
- C. First year students and/or transfer students must submit a copy of Acceptance letter from Institution. Class schedule or billing letter will not suffice. Transfer students are required to have current college perform a credit evaluation of all credits that will transfer to your program.

D. *****VERY IMPORTANT – ANY QUESTIONS PLEASE ASK*****

Submit a copy of the **Student Aid Report (SAR) or Electronic Student Aid Report (ESAR)**. ****You must fill out a “Free Application for Federal Student Aid” (FAFSA)**. After submitting FAFSA, you will receive SAR in approximately 4-6 weeks via mail or email. In some cases the Financial Aid Office will also require a copy of your (parents) 1040 tax forms for **“Verification” process**, if indicated by * behind EFC on SAR. *Please note that all students under the age of 24, who are not married or have children, will need to file with your parents W-2s.*

- E. Submit a Financial Aid Needs Analysis (FANA) form to the Institution’s Financial Aid Office. Please note this process can take up to 6 weeks; please submit early to avoid deadline issues. Each applicant is responsible for contacting their FAO office and declining all student loans, verifying daycare costs are included on FANA (if applicable, other rules may apply) and ensuring the CDO receives FANA before deadline.
- F. Submit a Certificate of Indian Blood (CIB), copy of Tribal ID card issued by Tribal Enrollment Office, or BIA Preference form. Enrollment Office is (928) 669-1240.
- G. Review the Colorado River Indian Tribes Education Code on critcdo.com or critonline.com before signing submitting application. The CRIT Education Code sets all the requirement of the Higher Education/Adult Vocational programs. All applicants are encouraged to ask questions.

No application will be processed until ALL required documents have been received by the Career Development Office. **It is the student’s responsibility to make inquiry regarding application and verifying that the required documents have been received.** Completed applications are forwarded to Education Committee and Tribal Council for consideration of approval 2-3 weeks after deadline. For more information regarding the Higher Education Program, contact us at (928) 669-5548 or toll free 1-800-809-6207, fax (928) 669-5570, or by email: critcdo@critcdo.com



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Term(s) applying for:
20 _____ Fall semester
20 _____ Spring semester
20 _____ Fall Quarter
20 _____ Winter Quarter
20 _____ Spring Quarter

Higher Education Application

Date rec'd: _____

PERSONAL AND FAMILY INFORMATION

SSN: _____ Name: (last) _____ (first) _____ (MI) _____
Mailing Address: _____ Cell Phone: _____
Permanent Home Address: _____ Home Phone: _____
DOB: _____ Sex: M F Marital Status: _____ Spouse name: _____ No. of Children _____
Veteran: Y N Are you an enrolled tribal member? Y N Where: _____
Mothers Name: _____ Tribe: _____
Fathers Name: _____ Tribe: _____
Email: _____

Degree of Indian Blood: _____

LAST SCHOOL ATTENDED

School: _____ Address: _____
Telephone: _____ Public _____ Boarding _____ GED _____
Month/year of Graduation/GED Certification: _____ Private _____ Other, specify _____
Have you received a Tribal Scholarship/Grant: Y N
If yes, When: _____

COLLEGE OR UNIVERSITY INFORMATION

Name of College/University you would like to attend: _____
Address/Phone Number: _____
College Major: _____ Start Date: _____
Type of Degree You Plan to Receive: AA AS AAS BA BS BFA MA PH.D
Academic Level: 1-32 hours Freshman 33-64 hours Sophomore 65-97 hours Junior
 98-128 hours Senior Graduate Are you an ONLINE student? Y N
2-Yr College _____ Technical _____ 4-Yr College/University _____ Other, specify _____

EMPLOYMENT INFORMATION

Are you currently employed: Y N Where: _____
Supervisor's name: _____ Phone: _____
Job Position/Title: _____ Part Time Full Time Temp

Statement of Certification and Consent to Release Information

I hereby certify that the above information 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 aide package. I further understand that falsifying any information on this application will deem me ineligible for funding. I will provide a copy of my grades or Official Transcript to the Career Development Office, Higher Education program at the end of each term, semester, quarter, or trimester. I declare that I will use any funds received under the Higher Education Program solely for expenses connected with attendance at college or university. The Career Development Office Higher Education Program operates under the general authority of the Privacy Act of 1974. The applicant should understand that the intent of collecting and maintaining this data on individuals is to determine eligibility of the applicant to receive funding as required under federal and tribal regulations, and to provide the means for producing certain statistical records required for this office to support the need of Congress to appropriate such funds. I hereby give my consent to have my official transcript released automatically or as per request by the Career Development Office, Higher Education Program.

Signature of Applicant _____ Date _____



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CDO/STUDENT AGREEMENT

This contract is made into for the academic school year. The student is making application, by and between the Career Development Office hereinafter called CDO, and the student applicant, hereinafter called the APPLICANT/RECIPIENT.

All APPLICANTS shall adhere to the following deadlines:

Fall, Winter/Spring June 30th Winter/Spring term only October 30th

- 1) The RECIPIENT shall abide by and comply with the policies of the Colorado River Indian Tribes Education code and the eligibility requirements of the CDO. Furthermore, the RECIPIENT and/or APPLICANT shall be responsible for reading and understanding his/her rights and responsibilities regarding financial assistance and/or scholarship including the responsibility to be informed of policies herein. The RECIPIENT is further informed that the Education Code is accessible on the CDO and C.R.I.T. websites and agrees to review and understand the Education Code before signing said contract.
- 2) The RECIPIENT shall sign the application for scholarship and financial assistance and comply with the stated terms, conditions, and standards to receive the scholarship and/or financial assistance.
- 3) The RECIPIENT shall release their official academic transcript information indicating the most recent academic term grade, graduation date, academic major and type of degree being pursued.
- 4) The RECIPIENT shall immediately report any change in marital status, name, income, enrollment, dependant status, withdrawal and transfer status to the CDO. The RECIPIENT who misuses CDO funds shall repay the amount of misused funds (Repayment Policy).
- 5) The RECIPIENT shall notify the CDO of his/her graduation date and certificate or degree to be conferred.

The CDO shall:

- 1) The CDO shall place an APPLICANT and/or RECIPIENT on probation/suspension as outlined in the Colorado River Indian Tribes Education Code.
- 2) The CDO shall disqualify and APPLICANT from receiving financial assistance if they do not meet the requirements as outlined in the Colorado River Indian Tribes Education Code.

If and when the application is approved, I _____ shall accept and abide by the conditions stipulated in the terms above and will be bound by the responsibilities and consequences thereof and give permission to the CDO to receive my transcripts and financial information.

Student Signature

Date



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FERPA FORM FOR STUDENT'S CONSENT TO RELEASE OF STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a Federal Law designed to protect the privacy of aspects of a student's educational record that are not considered "Directory" information. Educational records are considered confidential and will not be released without the written consent from the student, except to the extent that FERPA authorizes disclosure without consent. For this reason, it is necessary for the Career Development Office to obtain permission *from* the student in order to release academic information not excluded by FERPA laws.

In accordance with the Federal Education Rights and Privacy Act (FERPA) of 1974, I, _____ (please print Full Name) the undersigned, authorize the release of any academic information to the person(s) listed below. This includes, but is not limited to class schedule, name of instructors, grades and courses I have selected for the upcoming semester. The Colorado River Indian Tribes Career Development Office must still abide to the Federal Education Rights and Privacy Act of 1974 (FERPA) as to all other requests for student information. **This form will expire on the last day of the current academic year. Annual renewal is required to release academic information to the person(s) specified below.**

Name: Colorado River Indian Tribes - Career Development Office, 13390 N 1st Avenue, Parker AZ 85344

I certify that I have read and understand the Consent For Student Release of Information Form.

Student Signature

Student ID Number

Date

Please return one copy to the Career Development Office. Retain one copy for your records.

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Career Development Office Repayment Policy

TO BE INITIALED BY APPLICANT:

I hereby apply to attend the school indicated on this application and agree to follow all rules, regulations, and attendance requirements of the school, and will, to the best of my ability, satisfactorily complete the courses which I have selected.

I further agree that the funds issued to me for educational purposes from the Colorado River Indian Tribes, will be so used or repayment **will be** made **back** to the **Colorado River Indian Tribes-Career Development Office**. (Refer to website, www.crit-cdo.com, Education Code, Section 8-4502, "Repayment of Funds").

I understand that if I am eligible for other funds, such as, Supplemental Educational Opportunity Grants (SEOG), Pell Grants, etc., this will be **included** when computing my financial aid package, and I agree to use those funds for the purpose intended. I authorize the school to release grades, attendance, and income verification information to the Colorado River Indian Tribes (C.R.I.T.) Career Development Office. I also understand that I am responsible for following all the rules and regulations regarding the grants and scholarship program.

_____ (Initials)

*****LOANS***** I also understand that accepting any student loan is discouraged. If I do accept a loan, my Tribal scholarship award must be reduced by the amount of my loan and returned to the Tribes. I am aware that if it is found that I have accepted a loan, I will be held responsible for reimbursement to the Colorado River Indian Tribes. I cannot hold the Colorado River Indian Tribes responsible for any payments. _____ (Initials)

I have read the above statement listed with the application form. I hereby acknowledge consent to provide the required information and authorize the use of such information to the extent of the use specified in the statement.

Applicants Signature

Date



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AUTHORIZATION FOR RELEASE OF INFORMATION

S.S. _____

Name of Student (MAIDEN NAME)

Date of Birth

I hereby authorize _____

Name and address of last school attended

City

State

Zip Code

to release transcripts and any other information concerning the above named student to:

COLORADO RIVER INDIAN TRIBES

CAREER DEVELOPMENT OFFICE

13390 N 1st AVENUE

PARKER ARIZONA 85344

Now

After final grades are posted.

Signature of parent, guardian, or
student if over 18 years of age.

Mailing Address (Student)

Date

P.O. Box, Route

City

State

Zip Code

APPLICANT IS RESPONSIBLE FOR ANY FEE THAT IS NEEDED FOR TRANSCRIPT



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FINANCIAL AID NEEDS ANALYSIS (FANA)

This form is to be completed by Financial Aid Officer

Student Name: _____ Academic Year _____
 Academic Level: [] Freshman [] Sophomore [] Junior [] Senior [] Graduate

Student's Major/Program: _____

Please do not complete until the student's financial aid file is complete. Undergraduate students are required to file a "Free Application for Federal Student Aid" (FASFA) each academic year. ESTIMATES WILL NOT BE ACCEPTED.

PLEASE COMPLETE ENTIRE FORM – PLEASE DO NOT LEAVE ANY BLANK AREAS
IF YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR OFFICE IMMEDIATELY

SCHOOL EXPENSES:

Tuition (\$ _____ per credit) \$ _____
 Books/Supplies \$ _____
 Room & Board \$ _____
 Transportation \$ _____
 Personal \$ _____
 Child Care \$ _____

TOTAL EXPENSES \$ _____

FEDERAL AID:

Pell Grant \$ _____
 SEOG \$ _____
 SSIG \$ _____
 Academic Competitiveness Grant (ACG) \$ _____
TOTAL FEDERAL AID \$ _____

RESOURCES:

Parent Contribution \$ _____
 Student Contribution \$ _____
 Veteran's Benefits \$ _____
 Scholarship: _____ \$ _____
 Tuition Grant \$ _____
 Loans: _____ \$ _____

Student Loans will be deducted from Tribal Awards

TOTAL RESOURCES \$ _____

() Student suspended from campus-based aid for failure to maintain satisfactory progress.
 () Student in default or owes on Title V funds.

TOTAL UNMET NEED \$ _____

Please indicate dates for recommended award (fill in term cycle/dates/semester/quarters AND amounts):

\$ _____	\$ _____
(Term/dates)	(Term/dates)
\$ _____	\$ _____
(Term/dates)	(Term/dates)

Financial Aid Officer: _____ Signature: _____ Date: _____
 School Name: _____ Address: _____
 Phone: _____ Fax: _____ E-mail: _____

PLEASE RETURN TO C.R.I.T. CAREER DEVELOPMENT OFFICE BY SPECIFIED DEADLINE:

This form can be faxed to our office at 928 669-5570

Fall, Winter, Spring June 30 by 5:00 MST
Winter & Spring ONLY October 30 by 5:00 MST