COLORADO RIVER INDIAN TRIBES

Career Development Office

26600 MOHAVE ROAD
PARKER, ARIZONA 85344
(928) 669-5548 • Fax (928) 669-5570

HIGHER EDUCATION (HE) PROGRAM

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

The purpose of the Career Development Office is to serve eligible C.R.I.T. Tribal members and provide them the opportunity to achieve their educational goals. This opportunity, if provided, is 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.

The Higher Education Program funds students financially through BIA Grants and Tribal Scholarships. BIA Grants are geared towards undergraduate students who demonstrate financial need based on an analysis of family/student resources and scholastic ability. Tribal Scholarships are geared towards undergraduate, graduate, and postgraduate fellowship students who demonstrate superior academic ability and educational talent. All financial assistance is based upon completed Financial Aid Needs Analysis (FANA) forms submitted by the Financial Aid Office of the student's accepted college/university/school of choice.

DEADLINE DATES:

FALL SEMESTER JUNE 30TH BY 5:00 PM MST

SPRING SEMESTER OCTOBER 30TH BY 5:00 PM MST

If a deadline falls on a Saturday, the deadline will be the Friday **BEFORE** the actual deadline date.

If a deadline falls on a Sunday, the deadline will be on Monday, the **NEXT BUSINESS DAY**.

START DATES MUST BE CONCURRENT WITH SPECIFIED DEADLINE DATES. APPLICANT WILL BE RESPONSIBLE FOR ANY CHARGES INCURRED PRIOR TO APPROVAL OF FUNDS.

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 2.25 cumulative grade point average (GPA) or earned a GED certificate with a 45% composite score; Grant applicants who have taken college courses **are required** to submit their most recent Official Transcript with a cumulative GPA of 2.50 from last institution attended; Graduate/Postgraduate students must have earned a Bachelor's degree and have a GPA of 3.0 on a 4.0 scale; *students who have attended numerous institutes and have not transferred credits must submit transcripts from each institution attended*
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 (Associate's, Bachelor's, etc.)

RESPONSIBILITY OF APPLICANT

A. **Must complete, sign, and submit all forms of a new application packet for application deadline of either 6/30 or 10/30**; *June deadline funds academic year (unless noted) & October deadline funds spring semester*

B. **Each applicant is required to complete an intake evaluation with CDO staff**; Applicants located on the C.R.I.T. Reservation will schedule an office visit; All other applicants may complete intake evaluation via telephone conference *DATE & TIME:*_____@_____

C. Request High School or College Official Transcript or if applicable, 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.** Transcripts can be mailed to CRIT CDO 26600 Mohave Road Parker, AZ 85344. Certified electronic Official Transcripts are also acceptable at careerdevelopment@crit-nsn.gov should your institution have that option.

D. 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 transfer audit of all credits that will transfer to your program; Continuing students must submit an Enrollment Verification Letter in lieu of an Acceptance Letter, obtainable with either the registrar's office, and/or your academic advisor

E. *****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)**. You can find the application for free federal aid at www.fafsa.ed.gov. After submitting FAFSA, you will receive SAR in approximately 10 days via email. In some instances, the Financial Aid Office will also require a copy of your (parents) 1040 tax forms for **verification**. This will be indicated by * (an asterisk) behind the EXPECTED FAMILY CONTRIBUTION (EFC) amount located on the top right corner of the SAR, which may impact your FANA and overall application. **Career Development is available to assist you in filing your FAFSA; Call and set an appointment. *Please note that all student under the age of 24, who are not married or have children will need to file with your parent(s) or guardian(s) W-2s.*****

NOTE: Verifications/reviews immediately require contact with your school's Financial Aid Office and will have impact on Financial Aid Needs Analysis (FANA) form.

F. Submit original Financial Aid Needs Analysis (FANA) form located in your packet to your Institution's Financial Aid Office (FAO); This form will determine the allowance amounts you will receive; Please note this process can take up to six (6) weeks; Submit early to avoid deadline issues; **Each applicant is responsible for contacting their FAO and declining all student loans, requesting *in writing* Childcare/daycare costs through CDO, and ensuring the CDO receives the FANA form before deadline;** Additional fees and deposits may be covered and is also the student responsibility to verify costs are included on FANA; inquire with both your FAO and CDO for clarification of additional coverages.

G. Submit a Certificate of Indian Blood (CIB) or copy of Tribal ID card issued by the Enrollment Office or BIA Preference Form; CRIT Enrollment Office can be reached at (928) 669-1240.

H. Review the C.R.I.T. Education Code, which is accessible on the C.R.I.T. website www.crit-nsn.gov; Direct questions to the C.R.I.T. Career Development Office, C.R.I.T. Education Board, and C.R.I.T. Tribal Council.

No applications 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. **Missing components will deem your application incomplete.**

Completed applications are forwarded to the Education Committee for recommendation of approval/denial then subsequently to Tribal Council for final action of approval/denial, which takes approximately 4-6 weeks AFTER deadline.

NOTE: Understand that should you begin your program without final approval from Tribal Council, you will be held responsible for any charges incurred prior (to final approval from TC).

For more information regarding the Higher Education (HE) Program, please contact our office.

HIGHER EDUCATION APPLICATION CHECKOFF LIST

*****IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE ALL PAPERWORK HAS BEEN RECEIVED BY THE CRIT CAREER DEVELOPMENT OFFICE BY THE DEADLINE*****

PHONE: (928) 669-5548 FAX: (928) 669-5570 EMAIL: careerdevelopment@crit-nsn.gov

APPLICANT: _____ **STUDENT ID:** _____

MAJOR/FIELD OF STUDY: **START/END DATE:** _____

_____ **DEADLINE:** JUNE 30TH / OCTOBER 30TH

INSTITUTION: **STUDENT STATUS:**

_____ FORMER CONTINUING NEW

ALL Paperwork Must Be COMPLETED and SIGNED

_____ 1) **CDO HE APPLICATION**

_____ 2) **CDO/STUDENT AGREEMENT**

_____ 3) **CDO REPAYMENT POLICY**

_____ 4) **CDO FERPA**

_____ 5) **SCHOOL FERPA** _____

_____ 6) **CDO AUTHORIZATION OF INFO.**

_____ 7) **OFFICAL TRANSCRIPT(S)**

*** Transcript is verified Official by bearing a raised seal or printed on tamper-proof security paper from Institution. OT must be received in sealed envelope directly from Institution.* ***PHOTOCOPIES AND FAXES WILL NOT BE ACCEPTED. NO EXCEPTIONS. Submit all OTs if credits not transferred to one OT*****

_____ 8) **ACCEPTANCE LETTER** *first time applicant must submit for app. year/current term*

_____ 9) **ENROLLMENT VERIFICATION**
CONTINUING STUDENTS ONLY – *Indicating Current Term*

_____ 10) **STUDENT AID REPORT (SAR)**
Look for selection of verification identified by asterisk (*)

_____ 11) **CDO FINANCIAL AID NEEDS ANALYSIS (FANA)** *Must be submitted by student to FAO and be completed by FA Officer ONLY*

_____ 12) **CERTIFICATE OF INDIAN BLOOD (CIB) OR TRIBAL IDENTIFICATION CARD (ID)**
First time applicants, copy thereafter IF NEEDED

_____ 13) **DEGREE AUDIT/ TRANSFER AUDIT**
Issued by Academic Advisor with signature

_____ 14) **CLASS SCHEDULE** *Student must resubmit with any drop/add/withdraw at any time during funded period with student letter of explanation for change*

_____ 15) **CDO STUDENT INTAKE** _____

*****NOTICE: As a courtesy if you are leaving your area where IHS services are provided/utilized, please contact your local IHS Purchased Referred Care (PRC) for coverage options while away at school. Do not return any PRC Medical forms to CDO*****

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CDO HIGHER EDUCATION (HE) PROGRAM APPLICATION

PERSONAL AND FAMILY INFORMATION

NAME: _____ SEX: Male Female SSN: _____

DATE OF BIRTH: _____ PHONE: _____ ENROLLED CRIT MEMBER: Yes No

MOTHER'S NAME & TRIBE: _____

FATHER'S NAME & TRIBE: _____

VETERAN: Yes No MARITAL STATUS & SPOUSE: _____ No. of Children: _____

MAILING ADDRESS & CITY, STATE, & ZIP: _____

PERMANENT HOME ADDRESS: _____

CURRENTLY EMPLOYED: Part-Time Full-Time Temporary No

STUDENT EMAIL ****REQUIRED**: _____

PERSONAL EMAIL: _____

EDUCATION INFORMATION

EVER RECEIVED A BIA GRANT OR TRIBAL SCHOLARSHIP: No Yes (When) DATE(S): _____

LAST SCHOOL ATTENDED: Boarding Public GED Private Other: _____

SCHOOL & ADRESSS: _____

PHONE: _____ MONTH & YEAR OF GRADUATION/ GED CERTIFICATION: _____

ACCEPTED COLLEGE/ UNIVERSITY: 2Yr College 4Yr College/University Technical Other: _____

NAME OF COLLEGE/UNIVERSITY: _____

ADDRESS: _____

PHONE: _____ CONTACT PERSON & TITLE: _____

MAJOR, MINOR/ PROGRAM: _____ **ONLINE STUDENT: Yes No**

DEGREE RECEIPIENT: AA AS AAS BA BS BFA MA MS Ph D START DATE: _____

ACADEMIC LEVEL: Freshman (1-32 Hrs) Sophomore (33-64 Hrs) Junior (65-97 Hrs) Senior (98-128 Hrs) Graduate

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 & consent to the release of this information to necessary agencies to complete my financial aid package. I further understand that falsifying any information on this application will deem me ineligible for funding. I declare that I will use any funds received under the Higher Education Program solely for expenses connected with attendance at college/university. The C.R.I.T. Career Development Office Higher Education Program operates under the general authority of the Family Educational Rights and Privacy Act (FERPA) of 1974. The applicant should understand that the intent of collecting & maintaining this data on individuals is to determine eligibility of the applicant to receive funding as required under Federal & 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.

_____ APPLICANT SIGNATURE _____ 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 C.R.I.T. 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**

Applicant/Recipient:

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 C.R.I.T. website 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 academic enrollment status, withdrawal, and transfer status to the CDO. Any other changes (marital status, name change, etc.) must be submitted to C.R.I.T. Accounting and C.R.I.T. Enrollment Departments. The RECIPIENT who misuses CDO funds shall repay the amount of misused funds (CDO Repayment Policy).
5) **The RECIPIENT shall notify the CDO of his/her graduation date and certificate/degree to be conferred.**

CRIT CDO:

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

By signing this agreement, I _____ (print full name) 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 CDO to receive my transcripts and financial information.

_____ _____

APPLICANT SIGNATURE DATE

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CDO 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 that 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 the C.R.I.T. website, www.crit-nsn.gov, 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 packet, and I agree to use those funds for the purpose intended. I authorize the school to release grades, attendance, and income verification 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. _____

LOANS

I also understand that accepting any student loan is discouraged. If I do accept a loan, my tribal scholarship award will be reduced by the amount of my loan and returned to the Tribes. I am aware that if I have accepted a loan, I will be held responsible for full payment. I cannot hold the Colorado River Indian Tribes responsible for any payments. _____

I hereby acknowledge consent and have provided the required information and authorize the use of such information to the extent of the use specified.

_____ _____

APPLICANT SIGNATURE DATE

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CDO FERPA

Consent to Release 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 written consent from the student, except to the extent that FERPA authorizes disclosure without consent. For this reason, it is necessary for the C.R.I.T. Career Development Office to obtain permission *from* a student in order to release academic information not excluded by FERPA laws.

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, I, _____(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 by the Family Educational Rights and Privacy Act (FERPA) of 1974 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 (CRIT CDO)

26600 Mohave Road

Parker, AZ 85344

P (928) 669-5548 F (928) 669-5570 E CareerDevelopment@crit-nsn.gov

I certify that I have read and understand the Consent for Student Release of Information form.

_____ _____ _____

STUDENT SIGNATURE STUDENT ID NUMBER DATE

RETURN THIS FORM TO THE C.R.I.T. CAREER DEVELOPMENT OFFICE. RETAIN A COPY FOR YOUR RECORDS. **THIS FORM IS NOT SCHOOL FERPA.**

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CDO AUTHORIZATION OF INFORMATION RELEASE

_____ _____ _____
NAME OF STUDENT (MAIDEN NAME) DATE OF BIRTH SSN

I hereby authorize _____
NAME OF LAST SCHOOL ATTENDED

_____
ADDRESS INCLUDING CITY, STATE, & ZIP CODE

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

COLORADO RIVER INDIAN TRIBES CAREER DEVELOPMENT OFFICE

26600 MOHAVE ROAD PARKER, AZ 85344

☐ Now

☐ After final grades are posted

_____
SIGNATURE OF PARENT/GUARDIAN OR STUDENT *If Over 18 Years of Age*

_____
DATE

STUDENT MAILING ADDRESS

_____
ADDRESS

_____
CITY, STATE, ZIP CODE

ANY FEE(S) FOR TRANSCRIPT(S) IS THE STUDENT'S RESPONSIBILTY

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CDO FINANCIAL AID NEEDS ANALYSIS (FANA)

THIS FORM IS TO BE COMPLETED BY FINANCIAL AID OFFICER

PLEASE RETURN VIA FAX OR EMAIL BY SPECIFIED DEADLINE DATE
FAX: (928) 669-5570 EMAIL: careerdevelopment@crit-nsn.gov

[ ] FALL, WINTER/SPRING: JUNE 30 BY 5:00 PM MST **[ ] WINTER/SPRING: OCTOBER 30 BY 5:00 PM MST**

Student Name: _____ Student ID/SSN: _____

Student Major/Program: _____ Academic Year: _____

Academic Level: [ ] Freshman [ ] Sophomore [ ] Junior [ ] Senior [ ] Graduate

PLEASE DO NOT COMPLETE FORM UNTIL STUDENT'S FINANCIAL AID FILE IS COMPLETE. ALL STUDENTS ARE REQUIRED TO FILE A "FREE APPLICATION FOR FEDERAL STUDENT AID" (FAFSA) EACH ACADEMIC YEAR. **ESTIMATES WILL NOT BE ACCEPTED.**

COMPLETE ENTIRE FORM – DO NOT LEAVE ANY BLANK AREAS

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR OFFICE IMMEDIATELY

SCHOOL EXPENSES:

Tuition (No. of Credit Hrs _____ Credit Hr Cost _____ or Block Fee Cost _____) _____
Books/Supplies _____
Room & Board, Meal Plan _____
Transportation _____
Personal _____
Child Care _____
Other fees/Miscellaneous _____
TOTAL EXPENSES _____

FEDERAL AID:

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

RESOURCES:

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

STUDENT LOANS WILL BE DEDUCTED FROM TRIBAL AWARD AND IS THE STUDENT'S RESPONSIBILITY.

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 _____

Indicate dates for recommended award – fill in term dates cycles/semester/quarters AND amounts:

_____ $ _____ Term & Dates

_____ $ _____ Term & Dates

_____ $ _____ Term & Dates

_____ $ _____ Term & Dates

Financial Aid Officer: _____ Signature: _____ Date: _____

School Name: _____ Address: _____

Phone: _____ Fax: _____ Email: _____