

PONCA TRIBE OF NEBRASKA
Department of Education



**HIGHER EDUCATION
ADULT VOCATIONAL TRAINING
GRADUATE/POST-GRADUATE
APPLICATION**

Application Deadlines Are As Followed:

**Fall: August 15; Winter Quarter: November 15; Spring: December 15; Summer:
May 15**

Pages 5 and 10 are needed by the deadline, NO EXCEPTIONS!!

Adopted by Tribal Council
April 21, 1997

PONCA TRIBE OF NEBRASKA

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Please complete and return all relevant pages of this packet to:

Ponca Tribe of Nebraska
Department of Education
1800 Syracuse Avenue
Norfolk, NE 68701

NOTE: Only the Financial Need Form (FNF)—page 12 of this packet—must be submitted to our office by your school’s Financial Aid Officer (FAO). As the student, you complete the top portion of this form, and the school’s Financial Aid Officer (FAO) is to complete the bottom portion. However, before the Financial Aid Officer (FAO) can complete the bottom section of this form, the results of your Free Application for Federal Student Aid (FAFSA) must be known. The only instances where a FAFSA is not required are the following: (1) short-term certification/licensure programs that are not PELL eligible and (2) graduate programs—although not a PELL eligible program, an assessment of need must still be determined so any relevant areas, including an Expected Family Contribution (EFC) must be indicated.

PONCA TRIBE OF NEBRASKA
Required Post-Secondary Forms

1. **APPLICATION** – A completed Higher Education/Adult Vocational Training/Graduate/Post-Graduate Application.
2. **CERTIFICATION OF INDIAN BLOOD** - Original with official seal to verify legal enrollment with the Ponca Tribe of Nebraska.
3. **CONTRACT** – Signed and dated for the relevant year in which assistance is being requested.
4. **FINANCIAL NEED FORM (FNF)** - Students must complete the Free Application for Federal Student Aid (FAFSA) package in accordance with the institution’s financial aid policy. The FNF must be submitted to the school’s Financial Aid Office every academic year and each summer term. Upon completion of the FNF, the school will then forward this form to the Tribe’s Department of Education.
5. **LETTER OF ADMISSION (LOA)** - Undergraduate and graduate students must be OFFICIALLY and FULLY admitted to a post-secondary institution which is accredited by one of the six (6) regional accreditation agencies as recognized by the **Ponca Tribe of Nebraska**. The graduate applicant shall submit a Letter of Acceptance from the graduate program of study and a Letter of Acceptance from the graduate university. The completed Financial Need Form may also function in lieu of this letter.
6. **TRANSCRIPTS** - GED/high school/college transcripts. All first-year students must submit either a copy of their GED/high school transcript/diploma. On-going students must submit official copies of their college transcripts for the most recent term funded.

DEADLINES

Fall Quarter/Semester:	Application (p5)/Contract (p10) August 15 FNF/CIB/Transcript As soon as possible
Winter Quarter:	Application (p5)/Contract (p10) November 15 FNF/CIB/Transcript As soon as possible
Spring Quarter/Semester:	Application (p5)/Contract (p10) December 15 FNF/CIB/Transcript As soon as possible
Summer Session:	Application (p5)/Contract (p10) May 15 FNF/CIB/Transcript As soon as possible

**FINANCIAL AID AND
APPLICATION PROCESS**
Student Checklist

<u>Date Sent</u>	<u>Date Due</u>	<u>What</u>	<u>Where</u>
1. _____	January 31	Pell Grant form	Processing Center
2. _____	August 15 (F) November 15 (W) December 15 (S) May 15 (SS)	Letter of Admission (LOA)	Ponca Tribe of Nebraska
3. _____	March 1 (F) August 15 (W/S)	Student Aid Report (SAR)	School FAO
4. _____	August 15 (F) November 15 (W) December 15 (S) May 15 (SS)	Tribal Grant Application	Ponca Tribe of Nebraska
5. _____	15 Days After End of Term	Transcript	Ponca Tribe of Nebraska
6. _____	August 15 (F) November 15(W) December 15 (S) May 15 (SS)	School sends Financial Need Form	Ponca Tribe of Nebraska
7. _____	Within 10 Days of applicable deadline	Tribal Grant Award or Denial	TO YOU

(F) = Fall Semester (W) = Winter (S) = Spring Semester (SS) = Summer Session



PONCA TRIBE OF NEBRASKA

Department of Education

1800 Syracuse Avenue

Norfolk, NE 68701

Telephone: 402-371-8834/FAX 402-371-7564

Email: pate@poncatrIBE-ne.org or aknudsen@poncatrIBE-ne.org

Terms Applying For			
20__	Fall	20__	Spring
20__	Winter	20__	Summer

**HIGHER EDUCATION/ADULT VOCATIONAL TRAINING/
GRADUATE/POST-GRADUATE APPLICATION**

NAME: _____
Last First Middle Maiden

ADDRESS: _____ **TELEPHONE:** _____
Street (Area Code)

City State ZIP Email Address (Optional)
SOCIAL SECURITY NUMBER: _____ **DATE OF BIRTH:** _____

TRIBAL ENROLLMENT NUMBER: _____ **SEX:** MALE FEMALE

DEPENDENT STUDENT INDEPENDENT STUDENT (ACCORDING TO FEDERAL GUIDELINES, STUDENTS THROUGH THE AGE OF 24 ARE GENERALLY CONSIDERED DEPENDENT WHETHER OR NOT THEY RESIDE WITH THEIR PARENTS.); IF INDEPENDENT, PLEASE CHECK ONE OF THE FOLLOWING: SINGLE MARRIED SEPARATED DIVORCED WIDOWED

I HAVE COMPLETED (CIRCLE ONE) HIGH SCHOOL/GED. DATE OF COMPLETION: _____
(BE SURE TO INCLUDE A COPY OF YOUR HIGH SCHOOL/GED TRANSCRIPT WITH YOUR APPLICATION.)

SCHOOL YEAR FOR WHICH FUNDING IS REQUESTED: 20__ - 20__
I AM APPLYING FOR THE ACADEMIC YEAR FALL WINTER SPRING SUMMER
I WILL BE ATTENDING FULL-TIME PART-TIME—IF PART-TIME, NUMBER OF CREDIT HOURS? _____ TYPE OF TERM APPLYING FOR: SEMESTER QUARTER TRIMESTER

NAME AND CITY/STATE OF COLLEGE SELECTED: _____
THIS IS A (CIRCLE ONE) TWO-YEAR/FOUR-YEAR COLLEGE? OTHER: _____
COLLEGE MAJOR _____ EXPECTED DATE OF GRADUATION _____
EXPECTED DEGREE: AA/AS/AAS BA/BS MA/MS OTHER _____
YEAR IN COLLEGE: 1ST 2ND 3RD 4TH GRADUATE/POST-GRADUATE
I WILL LIVE: ON CAMPUS OFF CAMPUS WITH PARENTS.

HAVE YOU EVER RECEIVED A PONCA TRIBE OF NEBRASKA EDUCATIONAL GRANT BEFORE?
(CIRCLE ONE) YES/NO. IF YES, WHAT SCHOOL YEARS? _____
NO. OF SEMESTER HOURS EARNED: _____ NO. OF QUARTER HOURS EARNED: _____

I declare that I will use any funds I receive through the Ponca Tribe of Nebraska solely for expenses related to my attendance at the above, named college. I further declare that the information submitted as part of the application process is correct to the best of my knowledge, and I give consent to the release of any relevant information to necessary agencies in the completion of my financial aid package. In addition, I will arrange to have an official copy of my grade transcript sent to the Ponca Tribe of Nebraska Department of Education at the end of each academic term. I also grant the Tribe's Education Department permission to request an official enrollment certificate from the Tribe's Enrollment Department to verify my eligibility as a tribal member and to update my address with Enrollment if I should relocate.

Signature of Student

Date

PONCA TRIBE OF NEBRASKA
Standard Procedures

Hereinafter, the Ponca Tribe of Nebraska GRANT program shall be called the PROGRAM and the student applicant shall be called the GRANT RECIPIENT.

ALL APPLICANTS SHALL:

1. Complete and submit a Ponca Tribe of Nebraska grant application by August 15 for Fall semester, November 15 for Winter Quarter, December 15 for Spring Quarter/Semester, and May 15 for summer term.
2. Submit an official Certification of Indian Blood (CIB) by using the same dates indicated in #1.
3. Submit a copy of the Letter of Admission (LOA) from an accredited college/university/tech school or graduate school and degree program also using the same dates as those indicated in #1. However, the signature of the Financial Aid Officer on the Financial Need Form (page 12 of this packet) may serve as a substitute for the Letter of Admission.
4. All first-time applicants must submit copies of their GED/high school diploma/transcripts. All first-time applicants and all continuing GRANT RECIPIENTS must submit an official college transcript within 15 days after the end of each term.
5. The Completed Financial Need Form (FNF) is to be forwarded to our office by the school's Financial Aid Office. This form should be received at the same time as the application.

The GRANT RECIPIENT:

1. The GRANT RECIPIENT shall abide by and comply with the specific policies, procedures, and eligibility requirements of the PROGRAM. The GRANT RECIPIENT shall be responsible for understanding his/her rights and responsibilities regarding financial assistance including the responsibility to be informed of program policies.
2. The GRANT RECIPIENT shall sign the application for financial assistance with the stated terms, conditions, and standards.
3. The GRANT RECIPIENT shall release his/her official academic grades, graduation date, academic major and type of degree being pursued.
4. The GRANT RECIPIENT shall immediately report any change in marital status, name, income, enrollment, withdrawal, and/or transfer status to the PROGRAM. The GRANT RECIPIENT who misuses said funds shall be denied additional financial assistance awards for one (1) academic year and shall repay the amount of misused funds.
5. The GRANT RECIPIENT shall notify the PROGRAM of his/her graduation date, certificate or degree to be conferred, and submit a final grade transcript upon graduation.
6. The GRANT RECIPIENT shall apply for other available grants and/or scholarships, such as federal, state, and institutional aid from private/public sources, separate from the PROGRAM.
7. All continuing GRANT RECIPIENTS shall comply with one of the following academic standards prior to receiving continued funding:
 - a. **For full-time undergraduate financial assistance**
 - i. Academic Term: Earn twelve (12) or more semester credit hours, or equivalent amount of quarter or trimester credit hours with a grade point average (GPA) of 2.0 or higher, including college freshmen taking remedial courses. Freshmen shall be allowed to take a maximum of twelve (12) credit hours of remedial courses, six (6) credit hours per academic term, including 100 level and below courses within the first two academic terms;

- ii. Eight Week Summer Session: Earn nine (9) or more credit hours with a grade point average (GPA) of 2.0 or higher; and
- iii. Five Week Summer Session: Earn six (6) or more credit hours with a grade point average (GPA) of 2.0 or higher.

b. For full-time graduate or post-graduate financial assistance

- i. Academic Term: Earn nine (9) or more semester credit hours, or equivalent amount of quarter or trimester credit hours with a grade point average of 3.0 or higher, or that number of credit hours determined to be full-time by the student's program of study;
- ii. Eight Week Summer Session: Earn nine (9) or more credit hours or that number of credit hours determined to be full time by the student's program of study with a grade point average of 3.0 or higher; or that GPA as required by the student's program of study; and
- iii. Five Week Summer Session: Earn six (6) or more credit hours with a grade point average (GPA) of 3.0 or higher; or that GPA as required by the student's program of study.

c. For part-time financial assistance

- i. Undergraduate Program Academic Term: Earn six (6) to eleven (11) credit hours, or equivalent amount of quarters or trimester credit hours with a grade point (GPA) of 2.0 or higher.
- ii. Post-graduate Program: Earn up to eight (8) credit hours with a grade point average (GPA) of 3.0 or higher.

THE PROGRAM:

1. The PROGRAM shall place a GRANT RECIPIENT on probation if the GRANT RECIPIENT repeated courses within the minimum twelve (12) credit hours from previous academic terms while receiving financial assistance and/or GRANT from the Ponca Tribe of Nebraska GRANT Program.
2. The PROGRAM shall place a GRANT RECIPIENT on probation if the GRANT RECIPIENT did not earn enough credit hours according to applicable standards during the last academic term and/or completed said with a grade point average (GPA) below the minimum stated above.
3. The GRANT RECIPIENT who officially or unofficially withdraws from college or a university may be interviewed and counseled by the PROGRAM to determine if the reason(s) for withdrawal is/are justified. If the reason(s) is/are justifiable, the GRANT RECIPIENT shall be placed on probation. If the reason(s) is/are not justifiable, the applicant shall be disqualified.



PONCA TRIBE OF NEBRASKA

Department of Education

CONTRACT OF UNDERSTANDING

Pursuant to Policies and Procedures, Article 5:27, you must sign this contract.

Upon approval of my application, I, _____,

(Please print)

shall accept and abide by the conditions stipulated in the terms heretofore

mentioned and shall be bound by the responsibilities and consequences thereof.

Conditions and responsibilities I am especially aware of include the following:

- (1) I must maintain the required Grade Point Average set by tribal policy;
- (2) I must complete the number of credit hours for which I am funded; and
- (3) I shall arrange for an official transcript to be sent to the Ponca Tribe of Nebraska Department of Education at the end of each semester/quarter for which I am assisted. The cost of the transcript will be my responsibility.

In addition, I grant permission for the Department to receive all financial information considered relevant to my consideration for funding through the Tribe. Financial information may include that information noted on my Free Application for Federal Student Aid (FAFSA) and/or my Student Aid Report (SAR).

However, except for purposes of internal control or a subpoena by a court, the Department shall release no information in my file to any third party without my prior approval.

Applicant's Signature

Date



CERTIFICATION OF INDIAN BLOOD REQUEST FORM

Ponca Tribe of Nebraska
Enrollment Department
P.O. Box 288
Niobrara, NE 68760

The Education Department of the Ponca Tribe of Nebraska is requesting verification of tribal enrollment for the following applicant who is applying for a grant.

The following information is herewith submitted:

Name _____ SS# _____

Address _____

City/State/ZIP _____ Telephone _____

Date of Birth _____

Place of Birth _____

Mother's Maiden Name _____

Father's Name _____

Please forward a copy of the applicant's Ponca Enrollment Office Census Certificate to:

Ponca Tribe of Nebraska
Department of Education
1800 Syracuse Avenue
Norfolk, NE 68701

Thank you.

Applicant's Signature



**HIGHER EDUCATION/ADULT VOCATIONAL TRAINING/
GRADUATE/POST-GRADUATE PROGRAM**

FINANCIAL NEED FORM

I. TO BE COMPLETED BY THE STUDENT:

NAME _____ SOCIAL SECURITY NO. _____
 HOME ADDRESS _____
 CITY/STATE/ZIP _____ TRIBAL ENROLLMENT NO. _____
 YEAR IN COLLEGE _____ MAJOR _____ MINOR _____ CREDIT HRS COMPLETED _____

Please note: All undergraduate students are required to complete and process the Free Application for Federal Student Aid (FAFSA) before eligibility for tribal assistance can be determined. The appropriate college/university is then to complete Part II of this form based on the results of the FAFSA and forward to:

**PONCA TRIBE OF NEBRASKA
 EDUCATION DEPARTMENT
 1800 SYRACUSE AVENUE
 NORFOLK, NE 68701
 TELEPHONE: (402) 371-8834/FAX: (402) 371-7564
 EMAIL: pate@poncatrib-ne.org or aknudsen@poncatrib-ne.org**

I, hereby, grant permission for all information on this form to be submitted to the above addressee.

Signature of Student _____ Date _____

II. TO BE COMPLETED BY THE FINANCIAL AID OFFICER:

This student has applied to the Ponca Tribe of Nebraska Department of Education for assistance. Verified financial need information is required by policy before we can take action on this application. For the undergraduate student, please complete and forward this form or a like form to the above addressee. For the graduate/post-graduate student, complete only those areas that are applicable. Thank you for your assistance.

Budget Period: From _____ to _____ which starts on _____
month/year month/year date

This student is considered: Independent _____ Dependent _____ Assessed Need \$ _____

Parental Contribution		PELL Grant		Tuition	
Student Contribution		Work Study		Books	
Spouse Contribution		SEOG		Fees	
VA Benefits		Grant - State/Other		Room	
Soc. Sec. Benefits		Scholarship		Board	
Welfare Benefits		Direct Loan		Travel	
Voc Rehab		Unsub Loan		Misc.	
Workforce Dev		Waiver/Other (specify)			
Total		Total		Total	

We recommend that the Ponca Tribe of Nebraska consider awarding this student _____

Signature _____
Financial Aid Officer* Date Telephone Number

Name of College Address ZIP Code

*My signature verifies that the above named student has been accepted by our college for the period indicated.

Terms implemented by your college/university: Semesters Quarters Trimesters Other: _____

Tuition and fee costs are based on: 12 credit hours per term 15 credit hours per term Other: _____