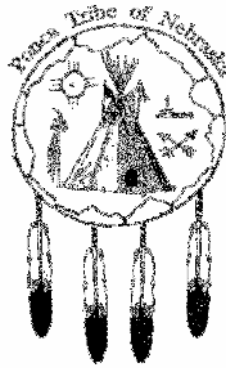


**PONCA TRIBE OF NEBRASKA**  
*Department of Education*



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

Adopted April 21, 1997

**PONCA TRIBE OF NEBRASKA**

*Department of Education*

*1800 Syracuse Avenue*

*Norfolk, NE 68701*

Name \_\_\_\_\_ S.S.# \_\_\_\_\_

Program \_\_\_\_\_ Enrollment # \_\_\_\_\_

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The above forms are required for the Higher Education/Adult Vocational Training/Graduate/Post-Graduate Program.

I have completed all required parts of the above forms and supplemental material necessary for the program for which I am applying. I herewith submit them to the Department of Education of the Ponca Tribe of Nebraska.

\_\_\_\_\_  
**Student's Signature** \_\_\_\_\_  
**Date**

I have received the forms and other required material and checked them off on the line to the right of each.

\_\_\_\_\_  
**Education Administrator's Signature** \_\_\_\_\_  
**Date**

## PONCA TRIBE OF NEBRASKA

### *Higher Education/Adult Vocational Training/ Graduate/Post-Graduate Program Required Forms*

1. **APPLICATION** - Higher Education/Adult Vocational Training/ Graduate/Post-Graduate Application and signed contract.
2. **CERTIFICATION OF INDIAN BLOOD** - Original with official seal to verify legal enrollment with the Ponca Tribe of Nebraska.
3. **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.
4. **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.
5. **TRANSCRIPTS** - Official college or high school grade transcripts. First-year students must submit high school transcripts reflecting final class ranking; American College Testing (ACT) scores, and date of graduation.

### DEADLINES

<b>Fall Quarter/Semester:</b>	Application/CIB/FNF/LOA . . . . .	<b>August 15</b>
	Transcript due . . . . .	<b>Same as above</b>
<b>Winter Quarter:</b>	Application/CIB/FNF/LOA . . . . .	<b>November 15</b>
	Transcript due . . . . .	<b>15 Days After End of Term</b>
<b>Spring Quarter/Semester:</b>	Application/CIB/FNF/LOA . . . . .	<b>December 15</b>
	Transcript due . . . . .	<b>15 Days After End of Term</b>
<b>Summer Session:</b>	Application/CIB/FNF/LOA . . . . .	<b>May 15</b>
	Transcript due . . . . .	<b>15 Days After End of Term</b>

## FINANCIAL AID AND APPLICATION PROCESS

### Student Checklist

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

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





## **PONCA TRIBE OF NEBRASKA Grant/Financial Assistance Contract**

Name \_\_\_\_\_ Type of Assistance \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

This contract is made and entered into for the academic school year. The student is making application to the Ponca Tribe of Nebraska GRANT program hereinafter called the PROGRAM and the student applicant hereinafter 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 their official high school school 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. \_\_\_\_\_

- Please send me the necessary applications for applying for college-administered financial aid.
- Attached is a copy of the Ponca Tribe of Nebraska grant application that I have submitted to the Ponca Tribe of Nebraska for financial aid consideration. The Ponca office will need the additional financial information as listed in Part II before any action can be taken on my application. When all the necessary information is on file in your office, please complete and forward Part II, or a similar form to:

**PONCA TRIBE OF NEBRASKA**  
**NORFOLK OFFICE/EDUCATION DEPARTMENT**  
**1800 SYRACUSE AVENUE**  
**NORFOLK, NE 68701**  
**TELEPHONE: (402) 371-8834/FAX: (402) 371-7564**  
**EMAIL: [pate@poncatribene.org](mailto:pate@poncatribene.org) or [michellej@poncatribene.org](mailto:michellej@poncatribene.org)**

**STUDENTS PLEASE NOTE:** All undergraduate students are required to complete and process a Student Financial Aid Form to determine eligibility for other funding sources through their school's financial aid office.

All the information I give on this form is true and complete to the best of my knowledge. I also give the Ponca Tribe of Nebraska permission to request an official enrollment certificate for application processing purposes.

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 address. 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	_____	NDSL	_____	Fees	_____
VA Benefits	_____	SEOG Grant	_____	Room	_____
Soc. Sec. Benefits	_____	GRANT	_____	Board	_____
Welfare	_____	GRANT	_____	Travel	_____
State GRANT	_____	Voc. Rehab.	_____	Misc.	_____
State Ind. GRANT	_____	Other	_____	Other	_____
		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.