**Indiana Native American Indian Affairs Commission**

**Academic Scholarship Application**

To be qualified for this scholarship you must be an Indiana Resident attending an Indiana College or University full time (12 credit hours, or less for Summer School), and you must be a member of a Federally Recognized Tribe or the Miami Nation of Indians of Indiana (MNI); your name must appear on the current MNI tribal rolls located in Indiana.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | | | Student ID#: | | | Date | |
| Address | | | | City | State | | Zip |
| Phone Cell / Home | | | Gender: **M F** | Marital Status: Single Married Divorced Widow(ed) | | | |
| Email | | | Date of Birth | | SSN | | |
| Attending which school? | | | | Degree Goal: | | | |
| Address of school: | | | | City | State | | Zip |
| Undergraduate or Graduate? | | Graduation month/year /20 | | Ever received this scholarship before? **Y N** | | | |
| Currently receiving: Financial Aid **Y N** Student loan **Y N** Grant(s) **Y N** Scholarship(s) **Y N** **Don’t know yet** | | | | | | | |
| Do you receive: Gov Assist. SSI TANF Food Stamps Foster Child Payments GI Bill **None of these** | | | | | | | |
| Member of a (circle one) Federally Recognized Tribe? **Y N Name**  Miami Nation of Indians of Indiana **Y N** | | | | | | | |
| Indicate which of the supporting documents you are including with this application (must check at least one) | | | In addition to the document(s) at left, you must also include with this application copies of **all** of the following that may be applicable: | | | | |
|  | Tribal Enrollment Card | |  | Photo ID | | | |
|  | CDIB Card | | Proof of Residency (previous year tax return of student/parent(s)/guardian(s)) | | | |
|  | Card or Letter from your tribal enrollment office | | Social Security Card | | | |
| W-2 Form | | | |
|  | Verifiable birth certificate showing American Indian, Native Alaskan or Native Hawaiian heritage | | Current paycheck stub with Year-to-Date total | | | |
| High School Transcript (if you will be a college freshman) | | | |
|  | Other documents documenting tribal lineage | | DD-214 (if a military Veteran) | | | |
| The Student must ensure the following documentation is submitted: | | | | | | | |
| A Grade Report for previous semester/quarter must be submitted for each semester/quarter. **Student must maintain a C average** | | | | | | | |
| Schedule of Classes for semester/quarter must be submitted for each semester/quarter reflecting full or part time status | | | | | | | |
| The following forms must be completed by the school for each semester/quarter and returned to INAIAC: | | | | | | | |
|  | Enrollment and Tuition Verification Form | | | | | | |
| Financial Aid Verification Form (Students are required to apply for Financial Aid, i.e., Pell Grant, before INAIAC can provide assistance.) If the Student has been denied a Pell Grant, submit a copy of the *Letter of Denial* | | | | | | |
| Text Book Verification Form | | | | | | |
| Current GPA from: High School College | | | ACT Test Composite Score: | | SAT Test Composite Score: | | |
| Are you transitioning from a 2 year to a 4 year school? **Y N** If yes, from to | | | | | | | |
| Do you speak a Native language? If so, which one: | | | | Do you speak any other languages?  **Y N** | | | |
| Are you the first member of your **immediate** family to attend college?  **Y N** | | | | | | | |

List all extracurricular activities, interests, hobbies, employment, family or tribal activities that show participation in the community. If you need additional room, please include that information in the Written Essay that follows.

|  |  |  |  |
| --- | --- | --- | --- |
| **SCHOOL ACTIVITIES**  **Activity/ Group Name and your role** | **Dates** | **Contact for Reference** | **Phone** |
| **From To** |
|  |  |  |  |
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| **TRIBAL/ COMMUNITY ACTIVITIES: List the most recent tribal and community activities and participation dates** |  |  |  |
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| **Hobbies/ Interests** |  |  |  |
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| **EMPLOYMENT/ INTERNSHIPS/ SCHOOL WORK STUDY** |  |  |  |
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| **FAMILY INCOME**  **List family members in household** | | **Relationship** | **Income Source** | | **Income in Last 6 Months** | **Family Size** | **HHS Pov.**  **Guidelines**  **2015** |
|  | |  |  | |  | 1 | $11,770 |
|  | |  |  | |  | 2 | $15,930 |
|  | |  |  | |  | 3 | $20,090 |
|  | |  |  | |  | 4 | $24,250 |
|  | |  |  | |  | 5 | $28,410 |
|  | |  |  | |  | 6 | $32,570 |
|  | |  |  | |  | 7 | $36,730 |
|  | |  |  | |  | 8 | $40,890 |
| LOW INCOME  1. Low Income  2. Other  Determinant | FAMILY IS  \_\_\_ Above  \_\_\_ Below  HHS Pov. Level | **Total income for last 6 months** | | |  | For each additional person | $4,160 |
| x2 | | |  |
| **Total Annualized Family Income** | | |  |
| **NEPITISM/ FAVORITISM**  Review the current INAIAC Commission and Staff List with the Applicant.  Is a member of the Applicant’s immediate family (husband, wife, son, daughter, father, mother, sister, brother) employed with the INAIAC in an administrative or Commission member capacity? (Circle one) **Yes No**  If Yes, list the name(s) and relationship to the applicant:  .  .  For Office Use Only  Reviewed by the INAIAC Administrative Staff:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Initials Date  \_\_\_\_ APPROVED  \_\_\_\_ NOT APPROVED, for the following reasons:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **CERTIFICATION STATEMENT**  I certify that the information is true and complete to the best of my knowledge and that there is no intent to commit fraud. I am aware that the information I have provided will be used to determine eligibility for program services and is subject to review and verification and that I may have to provide documents to support this application. It has been explained to me and I understand that:   1. Misstatements or misrepresentation of facts in this Application for determination of scholarship eligibility may be cause for the collection of any payments received by me. 2. Anyone who makes a false statement or misrepresentation of facts in this Application for determination of Scholarship eligibility may be committing a crime punishable by law and may be fined or put in jail for fraud and/or perjury. 3. I acknowledge that all of the questions on this Application have been reviewed and answered as necessary. I further understand that eligibility is not a guarantee that I will receive the Scholarship.   **APPLICANT SIGNATURE** | | | |

Attach an essay that outlines the information listed below. This essay is the **primary component** of your Application that will compel the award committee to fund your request. There is a four-page limit. Double-spaced, well-written, typed essays are preferred. Take this as an opportunity to tell your story and demonstrate your writing skills. Include all of the following:

1. **Introduction** – Introduce yourself using your full name and tribal affiliation. Include information about your home, family and community.
2. **Unique Circumstances** – Tell us any special circumstances or obstacles you have had to overcome to attend college. Let us know what is unique and different about you that will help the committee to understand you more fully. What do you think it is about you that will help you succeed in college?
3. **Academics** – Describe yourself as a student – how you made the grades you did, and how much time you spend studying. Tell us who/what inspired you to pursue a college education. Tell us why you have selected a particular major. Describe any school leadership positions you have held and how they shaped you. Tell us about any support systems you will have while pursuing your degree. Tell us about school activities you were involved in.
4. **Career Plans** – Describe your ultimate career goal. Tell us the steps you are taking to reach your goals. Explain what qualities you see in yourself that will help you in your journey and career. Discuss your strengths and weaknesses.
5. **Service to the Community** – Share your Native American Indian heritage and what it means to you. Describe your plan to help make positive changes in the Indian community and how your college education will allow you to do so. If you were to return to work in your community, what would you do?
6. **Leadership/ Community Service** – Describe and explain your community involvement activities. Tell us how your involvement may apply to your future. If you don’t have traditional community involvement, describe how you helped your tribe, family or the community you’ve lived in.
7. **Describe your Financial Needs** and how you plan to fund your educational goals.

I certify that the essay included with this Application is my own work. I understand that misrepresentation or fraudulent information may be grounds for loss of scholarship funds and repayment. By accepting a scholarship from the Indiana Native American Indian Affairs Commission, I authorize them to use my photograph and any information I have provided in advertising, fundraising or publicity in any and all media. I understand that if I am awarded a scholarship, the **Address Information Form** that I receive with my award letter **MUST** be received by INAIAC no later than July 15th for the Fall Semester or May 15th for Summer School, or my scholarship will be forfeited. Additionally, if I am awarded a scholarship from INAIAC, I understand that I **MUST** provide a copy of my semester grades to AICI at the end of each semester, as outlined on page 3 of this Application.

PRINTED NAME

SIGNATURE DATE