

SAN JUAN SOUTHERN PAIUTE TRIBE



EDUCATION ASSISTANCE APPLICATION PACKET

Approved by Tribal Council Resolution No. 2019-03 dated January 18, 2019

SAN JUAN SOUTHERN PAIUTE TRIBE
P.O. Box 2950
50 S. Main Street, Suite 102
Tuba City, AZ 86045
(928) 212-9794 ~ (928) 233-8948 fax
www.sanjuanpaiute-nsn.gov

IMPORTANT INFORMATION – PLEASE READ

The Education Assistance Program of the San Juan Southern Paiute Tribe is governed by the requirements of Title 8, Chapters 1 and 3 of the San Juan Southern Paiute Tribe Law & Order Code (Code). A copy of Title 8 of the Code can be reviewed on the Tribe's website at www.sanjuanpaiute-nsn.gov or can be obtained upon request to the Tribal Administration Office.

The Education Assistance Program provides various types of education assistance to Tribal Members who submit a complete Education Assistance Program Application (Application) and who meet the established criteria for the Program in accordance with the Tribal Law & Order Code and the San Juan Southern Paiute Tribe Education Assistance Program Handbook (Handbook). This Education Assistance Application Packet is part of the Handbook. A complete copy of the Handbook can be obtained upon request to the Tribal Administration Office. *Please note that the Code, the Handbook and this Application Packet may be updated from time to time. Prior to making an Application for Education Assistance, you should make sure that you are using the current version of the Code, Handbook and Application Packet.*

The Education Assistance Program is funded each year as part of the overall Tribal Budget and funding is limited from year to year. The review of your Application will be categorized by the type of Education Assistance you are requesting (e.g. scholarship and living allowance, etc.). The type of assistance offered by the Tribe to provide education assistance for Tribal Members, if any, may not necessarily be the type of assistance initially requested by the Applicant.

Education Assistance may be denied if:

- You do not meet the qualifications for assistance;
- Sufficient funds are not available in the Program Budget or providing the requested assistance would result in the expenditure of a significant amount of the Program Budget that would prevent the Tribe from fulfilling a sufficient number of other Tribal Member requests for Education Assistance;
- A more efficient and reasonable means of achieving education assistance is available;
- Achieving the requested Assistance is impractical or unlawful;
- The Tribe lacks the necessary resources to provide the requested Education Assistance in an adequate manner; or
- For any other non-discriminatory reason.

IMPORTANT NOTICE:

Receiving assistance from an approved Tribal Assistance Program could impact your ability to qualify for or receive other benefits or assistance from the state or federal government. Please check with your local agency providing state or federal benefits to determine the impact, if any, of receiving assistance from an approved Tribal Assistance Program.

TRIBAL LAW & ORDER CODE

TITLE 8, CHAPTER 1, SECTION 307

APPEALS AND REMEDIES

§ 307 Appeals and Remedies.

- A. Right to Appeal. Any Applicant who has submitted an Application shall have the right to appeal to the Tribal Court of the San Juan Southern Paiute Tribe, provided that the Tribal Court shall only have jurisdiction to address appeals alleging that the Constitution and/or the Law & Order Code has been violated.
- B. Where to File the Appeal. All appeals shall be filed with the Tribal Court pursuant to the appeal procedure established in Title 5 of the Law & Order Code.
- A. When to File Appeal. All initial appeals pursuant to this Article shall be filed within 30 days of the receipt of a notice informing the Applicant that their Application for assistance under a Tribal Program pursuant to this Title has been rejected or within 30 days of an alleged violation of the Tribal Constitution and/or the Law & Order Code.
- B. Remedies. With regard to appeals made pursuant to this Section, the Tribal Court shall have the jurisdiction to order compliance with the Tribal Constitution and/or Law & Order Code. Decisions of the Tribal Administration or Tribal Council shall only be set aside if arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with law.

[Legislative History: Enacted by Resolution No. 2018-72, 10/5/2018]

NOTICE:
INCOMPLETE APPLICATIONS WILL NOT BE
PROCESSED

If you do not submit a complete application:

1. A Notice will be mailed to you that informs you that your application is incomplete and it will request that you submit the items needed to complete the application.
2. If you do not provide a response within 30 days from the date of the Notice, any forms and/or photocopied information will be shredded. Any original documents will be mailed back to you at the last address provided on the application.
3. If your application is closed for failure to timely submit the requested documentation, you will be required to submit a new application with all the appropriate documentation in order to reapply for Assistance.

ALL APPLICATIONS MUST BE SUBMITTED BY
MAIL OR HAND-DELIVERED TO:

San Juan Southern Paiute Tribe
ATTN: Education Assistance Application
P.O. Box 2950 (mailing)
50 South Main Street, Suite 102 (street address)
Tuba City, Arizona 86045

You are responsible for ensuring that your application documents are delivered to the Tribe. It is recommended that if you are mailing your documents that you send them by Certified Mail – Return Receipt Requested or by Federal Express.

TO TRACK THE PROGRESS OF YOUR APPLICATION,
CONTACT THE TRIBE AS FOLLOWS:

Mail: San Juan Southern Paiute Tribe
ATTN: Tribal Administrator
PO Box 2950 (mailing address)
50 South Main Street, Suite 102 (street address)
Tuba City, Arizona 86045

Phone: 928-212-9794

Fax: 928-233-8948

Email: j.conovaloff@sanjuanpaiute-nsn.gov



EDUCATION ASSISTANCE APPLICATION

CHECKLIST:

Use this Checklist to make sure you have submitted all required documentation with the Application.

- ☐ **Education Assistance Application**
 - Complete, sign and date the Education Assistance Application. Note: There are two places to sign the Application.
- ☐ **Household Member Addendum**
 - Complete a Household Member Addendum for each person who lives in your household over the age of 18.
- ☐ **Continuing Education Assistance Addendum**
 - Complete, sign and date the Continuing Education Assistance Addendum. Note: The Addendum requires the Applicant to initial each requirement, as determined by the Tribal Council, which must be complied with to receive continuing Education Assistance. It is the responsibility of the Applicant to abide by the requirements set forth in the Addendum and provide the required documentation by the deadlines specified.
- ☐ **Copy of Driver's License or State Issued Identification Card**
 - Provide a copy of your driver's license or state issue identification card. If you do not have one of these, provide a copy of your Tribal Identification Card.
- ☐ **Proof of Enrollment/Acceptance at Educational Institution**
 - Provide proof of acceptance from the eligible institution to which the Applicant plans to attend, including proof of enrollment and schedule of courses if Applicant is enrolled at the time of completing the Application.
- ☐ **Authorization and Consent to Release of Information for Tribal Assistance Programs**
 - Complete the Authorization and Consent to Release of Information and sign before a notary.
- ☐ **Income Information**
 - Provide documents that verify all of the sources of income you stated in the Application. Such documentation may include, but not be limited to: summaries of benefits for TANF, SSI, SSDI, Social Security, and Court orders for child support, etc.

☐

Proof of Applying for Other Education Assistance, Scholarships and/or Grants

- Provide proof that the Applicant has applied for federal, state and/or private assistance, scholarships, and/or grants, regardless if assistance was approved. This may include Applicant's FAFSA application, private scholarships, grants or any other form of education assistance Applicant has attempted to receive outside of the Tribe's Education Assistance Program.

☐

Financial Needs Analysis Form

- Provide a Financial Needs Analysis Form from the institution to which Applicant has been accepted and plans to attend.

☐

Other Supporting Documents

- The Tribe may request additional supporting documents or information from Applicant based upon the type of request and information provided in the Application.

SAN JUAN SOUTHERN PAIUTE TRIBE



FOR OFFICIAL USE ONLY

Date Rec'd: _____

Rec'd By: _____

EDUCATION ASSISTANCE APPLICATION

Approved by Tribal Council Resolution No. _____ dated _____

Fill out application entirely and complete in black or blue ink only.

SECTION 1: APPLICANT INFORMATION

Biographical Information			
Full Name (First Middle Last):			
Maiden Name or Other Names:			
Date of Birth: ____/____/____	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth: City:		State:	
Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower			
Social Security #: ____ - ____ - ____		Tribal Enrollment #:	
Driver's License or State ID #:		State of Issue:	
Mailing Address (P.O. Box or Street):			
City:		State:	Zip Code:
Physical Address (if no street address, provide major cross streets / intersections):			
City:		State:	Zip Code:
<i>Location of Residence: For Applicant's without a physical address for their residence, use the space below to map the location of your primary residence showing major cross streets / intersections:</i>			

**SAN JUAN SOUTHERN PAIUTE TRIBE
EDUCATION ASSISTANCE APPLICATION**

Home Phone: () -	Cell Phone: () -
Email Address:	
Emergency Contact Name:	Phone: () -
Education Information	
Education Attained: <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Technical or Vocation Degree <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD <input type="checkbox"/> Other: _____	
Do you have any specialized training or training certificates (<i>e.g. journeyman, precision machining, paralegal, CDL etc.</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what?: 	

Employment Information	
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
If YES, name of employer and job title:	
Address of employer (<i>if any</i>):	
How long have you been at this job?	_____ years _____ months _____ weeks
If NO, how long unemployed:	_____ years _____ months _____ weeks
Reason for unemployment:	
Name of last employer:	
What job(s) do you have skills for?	
Do you plan to work while in school?	
If YES, will you work <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	

SECTION 2: HOUSEHOLD MEMBER INFORMATION

Household Member Information For Household Members Over the Age of 18
<p>For each member of your household over the age of 18, please fill out a HOUSEHOLD MEMBER ADDENDUM (<i>provided at the end of this Application</i>) and submit with this Application. Household Members include those who permanently live with you at your current residence. They may also include those who are temporarily absent from the home due to school, work or medical reasons, but who can demonstrate that the residence is their intended permanent home. For each member of your household under 18 fill in the information below.</p>

**SAN JUAN SOUTHERN PAIUTE TRIBE
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Household Member Information For Household Members Under the Age of 18			
Name	Date of Birth	Social Security Number	Member of SJSPT
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3: TYPE OF EDUCATION ASSISTANCE REQUESTED

☐ **SCHOLARSHIP AND LIVING ALLOWANCE** – Provides for expenses associated with assisting students to complete the following degrees: Associate; Bachelor; Masters; Doctoral; and Post-doctoral degree and funding for expenses to assist students to complete vocational programs. This assistance includes, but may not be limited to, allowances for room and board on or off campus. *Applicant must provide all required documentation listed in the Education Training Assistance Packet, including the **CONTINUING EDUCATION ADDENDUM** to be eligible for the Scholarship and Living Allowance.*

Describe your need: _____

☐ **EDUCATION LOAN REPAYMENT** – Financial assistance for Tribal Members who have successfully completed their program or degree and are indebted by either a public or private education loan that was granted and used expressly for the purposes of obtaining said degree or completing said program.

Describe your need: _____

☐ **OTHER** – Other Education assistance.

Describe your need: _____

**SAN JUAN SOUTHERN PAIUTE TRIBE
EDUCATION ASSISTANCE APPLICATION**

**SECTION 5: PREVIOUS ASSISTANCE and CONFLICT OF INTEREST
STATEMENT**

Previous Assistance and Conflict of Interest Statement
Have you ever received Education assistance from the San Juan Southern Paiute Tribe, another Tribe or Tribal Authority, a federal, state, or local authority such as FAFSA, or Veteran's Affairs? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
If YES, in what year(s) was assistance provided:
If YES, describe the assistance provided:
Do you or your spouse have any immediate relative(s) (e.g. <i>parents, grandparents, children, brothers, sisters</i>) presently working for or holding office with the San Juan Southern Paiute Tribe? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
If YES, provide the name(s) of relative(s), and their relation to you:

For Tribal Use Only:

**SAN JUAN SOUTHERN PAIUTE TRIBE
EDUCATION ASSISTANCE APPLICATION**

APPLICANT CERTIFICATION

I certify that the information and supporting documents provided with this Application are accurate and complete to the best of my knowledge and belief. I understand that providing false statements or information is punishable by law and may result in the Tribe seeking to recover the assistance provided to me and/or refusing to provide any future assistance to me in addition to any other remedies available to the Tribe. I also understand that providing false statements or information is grounds for immediate termination of assistance.

I certify that if I receive assistance, I will meet the requirements of the type of assistance provided to me as stated in the Assistance Program Handbook. I understand that if I fail to meet the requirements of the Assistance Program, that the Tribe may seek to obtain repayment of the assistance provided to me.

Signature of Applicant

Date

**AGREEMENT AND AUTHORIZATION TO SAN JUAN SOUTHERN PAIUTE TRIBE
FOR RECOVERY OF ASSISTANCE PAYMENTS FROM OTHER SOURCES OF
TRIBAL INCOME FOR VIOLATION OF TERMS AND CONDITIONS OF
ASSISTANCE PROGRAM**

I understand and agree that in the event I violate the requirements of the Education Assistance Program, that the San Juan Southern Paiute Tribe is authorized to garnish any future sources of income that are due to be paid to me by the Tribe, including, but not limited to, wages, stipends, reimbursements, and/or per capita payments, to recover the value of any assistance provided to me by the Tribe under this Program. By signing, I am providing advance authorization to the Tribe to garnish such payments in the event the Tribal Court determines that I have violated the requirements of the Education Assistance Program and has set an amount that is due and payable by me to the Tribe.

Signature of Applicant

Date

PRIVACY ACT NOTICE

THE INFORMATION PROVIDED IN THIS APPLICATION IS TO BE USED BY THE SAN JUAN SOUTHERN PAIUTE TRIBE OR ITS ASSIGNEES IN DETERMINING WHETHER YOU QUALIFY AS A PARTICIPANT OR BORROWER UNDER THE ASSISTANCE PROGRAM. IT IS NOT TO BE DISCLOSED TO ANY OUTSIDE AGENCY EXCEPT AS REQUIRED OR PERMITTED BY LAW. THE INFORMATION PROVIDED IN THIS APPLICATION MAY BE AGGREGATED BY THE TRIBE WITH OTHER TRIBAL DATA FOR STATISTICAL INFORMATION AND ANALYSIS PURPOSES.

SAN JUAN SOUTHERN PAIUTE TRIBE EDUCATION ASSISTANCE APPLICATION

HOUSEHOLD MEMBER ADDENDUM TO BE COMPLETED FOR EACH HOUSEHOLD MEMBER OVER THE AGE OF 18

RESIDENT # ____ *[insert number]*

Biographical Information			
Full Name (First Middle Last):			
Relationship to Applicant:			
Date of Birth: ____/____/____	Age: ____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Social Security #: ____ - ____ - ____			
Enrolled Member of San Juan Southern Paiute Tribe?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, Tribal Enrollment Number?			
Enrolled Member of another Tribe?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, name of other Tribe?			
Is this Resident Temporarily Absent from the residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, state reason why absent: _____ Date of expected return: _____			
Employment Information			
Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
If YES, name of employer and job title:			
If NO, how long unemployed:	____ years ____ months		
Reason for unemployment:			
Name of last employer:			
Income Information			
Wages earned from employment (before taxes):	\$ _____ / per month		
Welfare/TANF assistance:	\$ _____ / per month		
Court ordered child support:	\$ _____ / per month		
Social Security Benefits:	\$ _____ / per month		
Type of Social Security Benefits (retirement, SSDI, SSI):			
Unemployment benefits:	\$ _____ / per month		
All other income from any other source(s):	\$ _____ / per month		
Name of other source(s):			

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CONTINUING EDUCATION ASSISTANCE ADDENDUM

Applicant should carefully review and initial in the space provided each of the listed requirements to receive Education Assistance for more than a single term or semester. It is the responsibility of the Applicant to abide by the requirements set forth in this Addendum and provide the required documentation by the deadlines specified.

Applicant Initials	Applicant must abide by the following requirements to maintain program eligibility and receive assistance through the Education Assistance Program
	Within 365 days of submitting my completed Education Assistance Application I will attend, in person, no less than one regularly scheduled Tribal Council Meeting. Attendance may be by videoconference, with prior notice and scheduling through the Tribal Administration.
	Within 10 days of the end of each term or semester I will provide the Tribal Administration Office with a copy of my unofficial transcript or copies of my final grade(s) for that term or semester.
	I understand that I must maintain a 2.0 Grade Point Average (GPA) in order to for my Education Assistance to continue into the following term or semester.
	I will inform the Tribal Administration Office in writing immediately if my enrollment status as a part-time or full-time student changes.
	I will inform the Tribal Administration Office in writing immediately if my housing status changes, this includes moving, or the addition or loss of a roommate regardless of that roommate's status as a Tribal Member.
	I will inform the Tribal Administration Office in writing immediately if I withdraw from school, drop out or stop attending class, for any reason.

I understand that the performance standards, required documentation and accompanying deadlines included in this Addendum are my sole and complete responsibility. Failure to adhere to these requirements may result in termination of my Education Assistance eligibility.

Signature of Applicant/Student

Date

Social Security No.

Applicant's Printed Name:	
Birthdate:	
Mailing Address:	
City, State, Zip Code:	
Phone #:	
Email:	

As a Tribal Member of the San Juan Southern Paiute Tribe, I have applied for assistance from one of my Tribe's Assistance Programs. As part of my application, the San Juan Southern Paiute Tribe must review my current income and benefits from various sources. I am providing this Authorization and Consent to Release of Information in order to assist my Tribe in obtaining verification of my current income and benefits. My request to release information also includes any associated Protected Health Information that may be related to my various sources of income or benefits I currently receive from another institution or government agency.

San Juan Southern Paiute Tribe
ATTN: Tribal Assistance Program – [insert name of Applicant]
P.O. Box 2950
Tuba City, Arizona 86045
Phone (928) 212-9794 ~ Fax (928) 233-8948

Signature of Applicant

Date

On this _____ day of _____, 20_____, before me, the undersigned Notary Public, personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged that s/he executed the same for the purpose therein contained.

My Commission Expires: _____