**CHILDREN OF THE PUEBLO SCHOLARSHIP APPLICATION**

The Children of the Pueblo, Inc. Scholarship provides disadvantaged children certain educational opportunities. Approved applicants are awarded scholarships, which are paid directly to the University (defined below) to cover some or all, at least in part, and help or assist in providing funding to an approved student who has committed to pursue higher education at any of the accredited four year universities located in the state of New Mexico, including for example only registration fees, books, tutoring, tuition fees/costs, room and board, and other related expenses. The scholarship is intended to be offered to an approved student with a grade point average (GPA) of 3.0 or better and is of Native American decent to one of the pueblos of New Mexico.

Scholarships will be awarded at the discretion of the committee based on all applications submitted and the availability of Children of the Pueblo Scholarship funds. Considerations will be based on meeting our criteria. The maximum amount that may be awarded is $5,000.00 per approved applicant. Applicants may only apply once a year. Students may reapply in coming years unless they have been awarded a scholarship in past years. Scholarship applications must be received no later than 5:00pm June 16, 2017.

**Criteria for eligibility of applicants:**

* Must be between the ages of 16 and 25 years old and be enrolled in a New Mexico high school or complete the GED equivalency exam (*with Honors*)
* Commit to attending the University
* Maintain a 3.0 or higher cumulative GPA
* Submit official transcripts upon graduation from high school and/or copy of GED certificate
* Submit a copy of your Letter of Acceptance to the University of choice
* Submit a copy of your Certificate of Indian Blood (CIB)
* Photograph of yourself
* Submit two letters of recommendation from a teacher, counselor and/or employer
* Attach to the application, a minimum 500 word essay regarding your experience as a child and how it helped you be the person you are today. Also include how this scholarship will benefit/impact you.
* Provide written documentation demonstrating financial hardship
	+ W-2 Form, DSS Form, SSI Form, Unemployment Statements, Social Security, Child Support Order, All 1099 Forms, 2 Current Consecutive Pay Stubs, etc.
* Application must be completed by student and his/her parent, guardian, or head of household, with all requested information.
* **Reference the chart below to assist in determining eligibility**

|  |  |  |
| --- | --- | --- |
| **Family/Household Size** | **Maximum Annual Income (@ FPL\*)** | **Maximum Annual Income (@ 150% FPL\*)** |
| 2 | $15,730 | $23,595 |
| 3 | $19,790 | $29,685 |
| 4 | $23,850 | $35,775 |
| 5 | $27,910 | $41,865 |
| 6 | $31,970 | $47,955 |
| 7 | $36,030 | $54,045 |
| 8 | $40,090 | $60,135 |

 FPL\*= 2014 Federal Poverty Line as reported by the U.S. Census Bureau

Total Household Annual Income: $ Household Size:\_\_\_\_\_\_\_\_\_

**PLEASE PRINT ALL INFORMATION**

**PARENT/GUARDIAN CONTACT INFORMATION**

|  |  |
| --- | --- |
| Last Name, First |  |
| Address, City, State, Zip Code  |  |
| Phone (Home) |  |
| Phone (Cell) |  |
| E-Mail Address |  |

**STUDENT INFORMATION**

|  |  |
| --- | --- |
| Last Name, First |  |
| Birth Date, Age |  |
| Gender |  |
| School |  |

**SCHOLARSHIP INFORMATION**

|  |  |
| --- | --- |
| Requested funds needed for Registration\* |  |
| Requested funds needed for other related costs, please explain  |  |

**\***Funds will be distributed directly to partnering Institute

**Has your family experienced sudden financial hardship?** Yes No

Please explain why the scholarship is needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that the information on this form is accurate and I understand that the Children of the Pueblo Scholarship Committee may verify this information. Deliberate misrepresentation may result in termination of further financial assistance. I understand that any financial assistance is granted through a committee process and that the Program Director is not responsible for decisions made by the committee. I understand and agree to abide by Children of the Pueblo’s terms and conditions and remain in good standing if the scholarship is granted. I understand that continued financial support may be terminated if these terms and conditions are not met. I also understand that Children of the Pueblo Scholarships are awarded as set forth above, and that I must reapply annually, unless previously awarded. Finally, I, on behalf of both myself and my child, agree to participate in a set of surveys regarding the Children of the Pueblo scholarship upon request; the first of which will be administered prior to Institute’s start date for a given year beginning for which the scholarship is granted, and the second will be administered following the completion of said end of the Institutes school year.

Parent/Legal Guardian Signature (if student is under the age of 18):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_

Application and supporting documents must be received at the following address no later than 6/16/16:

800 East Stanford Ave

Englewood, CO 80113

OR via email:

scoriz@yahoo.com