



# ELKO BAND COUNCIL

## HIGHER EDUCATION/ AVT SCHOLARSHIP PROGRAM

**Check Box you will be applying for:**

**Higher Education**

**Adult Vocational Training**

**ADULT VOCATIONAL TRAINING (AVT):** Provides funding through grants to alleviate costs the students incurred for the duration of training program. AVT is a funding opportunity to eligible enrolled Elko Band members who are attending vocational/ trade schools. The program is to assist enrolled Elko Band members to acquire job skills necessary for full time employment. The program provides for full time institutional training in any vocational or trade school. Institutional training shall not exceed twenty-four (24) months in length, except registered nursing students who shall not receive more than thirty-six (36) months.

**HIGHER EDUCATION:** Provides financial assistance to eligible enrolled Elko Band members to alleviate costs students incur for the duration of degree program. Higher Education provides funding through scholarship opportunity to degree seeking students. The program will provide assistance for those enrolled in a federal, state, county, local or private higher educational facility that is fully accredited and upon completion will have a degree



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1. Higher Education/ AVT funds are contingent upon the availability of funds. Funding will support a portion of the students' educational costs. Applications for grant awards and awards needs to be completed separately; the Financial aid office at your institution has obtainable information and resources.
2. The Higher Education/ AVT Scholarship Program is available for **ELKO BAND MEMBERS ONLY!** A copy of your enrollment card must be submitted with the packet.
3. The application must be completed and returned by the student to the Elko Band Administration to be certified for eligibility to receive educational assistance.
4. All parts of the application must be filled out completely and accurately.
5. The college/ university finance office must complete **COST OF ATTENDANCE** of the application for each semester for all students on-going or new.
6. Higher Education funds shall be limited to a maximum of **eight (8) Semesters** from the Elko Band and/or other Tribal Higher Education programs. AVT funding is a one-time funding opportunity.
7. Higher Education applicants must be renewed each Spring **and** Fall semester.
8. Returning students need to submit **CURRENT TRANSCRIPTS,** with final grades to the Elko Band Administration office upon completion of each semester.

**OPENING DATE: MAY 1<sup>ST</sup>**

**FALL DEADLINE: JULY 15<sup>TH</sup>**

**OPENING DATE: OCTOBER 1<sup>ST</sup>**

**SPRING DEADLINE: DECEMBER 15<sup>TH</sup>**

9. Funding is based on financial need, which is determined by the financial reports that are submitted by the college/ university.
10. Elko Band Council will not obligate funding to anyone who fails to complete the entire procedures of the packet and not submitted by set deadline. Any line item left blank will be considered as incomplete.
11. All deadlines will be strictly enforced due to the limited amount of funding for scholarships.
12. No information will be given to any other entity or persons inquiring about student status without the written consent of the student.
13. Appeals are only available for students who are unable to submit COA due to College/ University. Appeals Request Form are available upon request.

# STUDENT CHECKLIST REQUIREMENTS

- |   |  |
|---|--|
| 1. Eligible member of Elko Band (copy of enrollment card)   |  |
| 2. Higher Education/ AVT Scholarship Application  |  |
| 3. Copy of Federal Student Financial Aid Report (S.A.R.) process takes up to six weeks will accept confirmation email until student receives S.A.R. |  |
| 4. Signed Conditions of Contract  |  |
| 5. Student Questionnaire  |  |
| 6. Cost of Attendance must be completed by the Financial Aid Office   |  |
| 7. Copy of High School Diploma or G.E.D.  |  |
| <b>New applicants ONLY</b>  |  |
| 8. Current transcripts from college/ university (if attended)   |  |
| 9. Letter of Acceptance   |  |
| 10. On-going students <b>MUST</b> submit a class schedule   |  |

Scholarships contingent upon the availability of funds are provided for fall and spring semesters. The deadlines for submitting your Higher Education Scholarship applications are:

- |  |                                     |
|--|-------------------------------------|
| • Fall Semester Opening: May 1 <sup>st</sup>               | Deadline: July 15 <sup>th</sup>     |
| • Winter/ Spring Semester Opening: October 1 <sup>st</sup> | Deadline: December 15 <sup>th</sup> |

There are no funds available for the summer session.

**SUBMIT ALL DOCUMENTS TO:**

**Elko Band Council**  
**Higher Education/ AVT Program**  
**1745 Silver Eagle Drive**  
**Elko, Nevada 89801**

Any documents that are not provided or not submitted in a timely manner will be cause for denial for scholarship funding. If you have any questions or need assistance, you may contact the office at: (775) 738-8889 or fax to (775) 753-5439.

# HIGHER EDUCATION/ AVT APPLICATION

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email: \_\_\_\_\_

Telephone No: (cell) \_\_\_\_\_ School: \_\_\_\_\_

Tribal Enrollment No: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Marital Status: Single ( ) Married ( ) Divorced ( ) Name of Spouse: \_\_\_\_\_

Number of dependent children: \_\_\_\_\_ Are you a Veteran: Yes \_\_\_\_\_ No \_\_\_\_\_

High School attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College Major: \_\_\_\_\_ Minor: \_\_\_\_\_

College level (check one): Freshman: ( ) Sophomore ( ) Junior ( ) Senior ( ) Graduate ( )

Name and address of college/university: \_\_\_\_\_

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

Have you received Higher Education funding previously: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes from whom?  
\_\_\_\_\_

Have you received Adult Vocational Training funds previously: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes from whom?  
\_\_\_\_\_

Previous college/university attended  
\_\_\_\_\_  
\_\_\_\_\_

Dates attended  
\_\_\_\_\_  
\_\_\_\_\_

## CONDITIONS AND RESPONSIBILITIES

1. I shall maintain a minimum cumulative GPA 2.0 while attending school.
2. I shall enroll as a full-time student. If I fall below a full-time status it's my responsibility to refund Elko Band Council for the funds advanced for the funding period. If I fail to reimburse Elko Band Council further funding will be denied until such time the reimbursement is paid in full. In addition, I understand that if I do fall below full-time status for the funding period, I will not be eligible to receive funding for the next term.
3. At the end of each term, I shall provide Elko Band Higher Education with a copy of my transcripts. If I fail to provide the transcripts to Elko Band, funding for the next term may be delayed until the Elko Band Office receives the transcripts.
4. I understand Elko Band Council will not commit funding to any student who fails to complete the application in a timely manner. I further understand that Higher Education funding is designed for those students who are highly motivated towards a degree program, and who shall maintain satisfactory progress towards these goals.
5. I understand Higher Education funding is limited to a maximum of four years from Elko Band Council and/or other tribal higher education programs. Furthermore, two-year programs shall be funded for a maximum of two-years leaving the remainder to continue in an educational program if I so desire for the next two-years.

I expect to enroll as a full-time student, report any additional income, and return all funds should I withdraw from school or drop below a full-time status. It is my responsibility to see that original certified transcripts with final grades are provided to Elko Band at the completion of each term.

I have read the conditions and Responsibilities of the Higher Education Program.

I authorize the release of information pertaining to my education (i.e., transcripts, inquiries to my status with the college/ university, etc.) to Elko Band for their documentation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attested by

\_\_\_\_\_  
Date

## STUDENT QUESTIONNAIRE

1. How does the financial aid that you are seeking benefit your educational and career goals?

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2. Upon completion of your education what kind of degree, license, certificates, etc. will you possess?

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3. What are the estimated costs of your education that you will be anticipated?

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4. What time frame do you estimate it will take you to complete your education?

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5. Have you researched other institutions with similar programs that would be at a lower cost? \_\_\_\_\_  
If yes, give a brief explanation on why you chose this particular institution and not the other?

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6. Have you applied for other funding to assistance your financial need?

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7. Where will you reside while attending school? \_\_\_\_\_

What is the estimated cost for your monthly living expenses? \_\_\_\_\_

# ESSAY

What are your goals for the future? From the education that you will receive how will it benefit your tribe?

5-year plan:

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10-year plan:

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Use the backside of the paper if needed.

## COST OF ATTENDANCE

STUDENTS COMPLETE THIS SECTION:

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Telephone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION:**

I, \_\_\_\_\_ hereby authorize information to be released concerning my financial aid. This authorization constitutes a full and complete release from any liability from disclosure of such information.



**FINANCIAL AID OFFICER TO COMPLETE:**

SCHOOL EXPENSES		STUDENT	
<b>RESOURCES</b>			
Tuition & Fees	\$ _____	Pell Grant	\$ _____
Book & Supplies	\$ _____	SEOG	\$ _____
Room & Board	\$ _____	CWS	\$ _____
Personal Expense	\$ _____	SIG	\$ _____
Transportation	\$ _____	STAFFORD LOAN	\$ _____
Welfare	\$ _____	PERKINS LOAN	\$ _____
Other (list)	\$ _____	OTHER (list) _____	\$ _____
<b>TOTALS</b> _____		Student Contribution	\$ _____
		Parent Contribution	\$ _____
		Spouse Contribution	\$ _____
		Veteran Contribution	\$ _____
		Social Security	\$ _____
		Vocational Rehab.	\$ _____
		Other (list) _____	\$ _____
		<b>TOTALS</b> _____	
<b>RECOMMENDED TRIBAL FUNDING</b>			
\$ _____			

Student being funded for     quarterly                       semester                       tri-semester                       Online

\_\_\_\_\_  
Signature- Financial Aid Officer                                      Date                                      Telephone

NAME OF INSTITUTION:

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

**RETURN TO:**  
 Elko Band Council  
 Higher Education Department  
 1745 Silver Eagle Drive  
 Elko, Nevada 89801





# ELKO BAND COUNCIL

Higher Education/ AVT Participant,

In order to process your application in an accurate manner, we may request information from the Te-Moak Tribe to confirm your enrollment. Please sign this form so that we may obtain your information.

## CONSENT TO RELEASE INFORMATION

I, \_\_\_\_\_, hereby consent to the release of information from the Te-Moak Enrollment Department.

I fully understand that the information will be released upon my consent and that only the agency shall release this information in accordance to the Te-Moak Enrollment Ordinance.

Dated this \_\_\_\_\_ day on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

Information:

DOB: \_\_\_\_\_

TM#: \_\_\_\_\_