



Expected Degree: AA <input type="checkbox"/> AAS <input type="checkbox"/> BA/BS <input type="checkbox"/> MA/MS <input type="checkbox"/> Other <input type="checkbox"/>	Upon completion of degree do you expect to transfer schools to pursue a higher degree? Yes <input type="checkbox"/> No <input type="checkbox"/>	Expected Graduation Date:
Do you already have an academic plan of study or personal educational plan that has been assigned to you by your academic advisor at your institution? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please make sure you include a current copy with your scholarship application		
Has the Scholarship Program ever sponsored you? If "yes" please list institution? YES <input type="checkbox"/> NO <input type="checkbox"/> College/University _____	If yes, which semester and how may units earned? Sem: _____ Units: _____	
Please list ALL post-secondary schools attended (Use additional page if necessary:		
College/University	City	State
		Sem/Yr Last Attended
		Transferable Credits Earned
College/University	City	State
		Sem/Yr Last Attended
		Transferable Credits Earned
College/University	City	State
		Sem/Yr Last Attended
		Transferable Credits Earned
I would like to receive other Tribal information on activities, meetings, workshops and announcements. YES <input type="checkbox"/> NO <input type="checkbox"/>		

I certify that the above information on this form is true and correct. If any of the information is falsified, I understand that this may disqualify me for consideration of scholarship assistance.

**I ALSO HEREBY GIVE AUTHORIZATION TO THE PASCUA YAQUI TRIBE HIGHER EDUCATION PROGRAM TO REQUEST AND RECEIVE ANY AND ALL INFORMATION PERTAINING TO MY FINANCIAL AID STATUS AND ACADEMIC PROGRESS (This includes all registration, transcripts and financial aid documents.)**

I also understand that I must apply for ALL federal, state and institutional aid BEFORE being considered for the Pascua Yaqui Tribe Higher Education assistance. I also understand that any funds awarded to me is SUPPLEMENTAL to all other financial aid and any award given to me will be mailed to the designated office of the institution the student has stated on this scholarship application.

I also understand that I must provide a copy of an OFFICIAL/UNOFFICIAL TRANSCRIPT and a new course schedule to the Higher Education Program at the end of each academic semester.

***I ALSO UNDERSTAND THAT IT IS MY RESPONSIBILITY TO SUBMIT THIS FORM TO THE PASCUA YAQUI TRIBE HIGHER EDUCATION PROGRAM BEFORE THE APPLICATION DEADLINE DATE. I UNDERSTAND THAT IF I DO NOT SUBMIT THIS APPLICATION BY THE DEADLINE DATE, MY APPLICATION WILL BE CONSIDERED FOR FUNDING FOR THE SUBSEQUENT SEMESTER.***

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

**FOR OFFICE USE ONLY**

Received By: \_\_\_\_\_ DATE: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Reviewed By: \_\_\_\_\_ DATE: \_\_\_\_\_

**AY 2008-2009**  
Revised 06/06/08