



NORTHWESTERN BAND of the SHOSHONE NATION

2575 Commerce Way – Ogden, UT – 84401

Phone (435) 734-2286 – Fax (435) 734-0424

Higher Education



APPLICATION for SCHOLARSHIP PROGRAM

Full Legal Name: _____

Sex: _____ Date of Birth: _____

Tribal Enrollment Number: _____ SSN: _____

Current Address (include City, State, & Zip Code): _____

Phone Number: _____ Email: _____

Name of School: _____

Address of School (include City, State, & Zip Code): _____

Course of Study: _____ Semester Start Date: _____

Expected Completion Date: _____ Have you previously applied for funds? _____

Please complete the information on Page 2. Please provide the financial aid package developed at the institution you expect to attend. We will need this information to determine the amount of Tribal funds you will be eligible for.

If it is determined that you are eligible for funding from the Tribe, we will advise you about other requirements for continued funding.

Signature: _____ Date: _____

For Tribal Office Use

Please Circle: Approved / Denied Date: _____ Approved by _____

Semesters Student Enrolled in Program _____ Remaining Semesters Available _____

Date Tribe Paid Scholarship _____

APPLICATION for SCHOLARSHIP PROGRAM

(Page 2)

Student Name: _____

SSN: _____ Phone Number: _____

Current Address (include City, State, & Zip Code): _____

Name of School: _____

Address of School (include City, State, & Zip Code): _____

I hereby give permission to the school mentioned above to release my information, especially financial information, to the Northwestern Band of the Shoshone Nation.

Signature: _____ Date: _____

To Be Completed by School Financial Aid Officer

The above student has applied for funding from the Northwestern Band of the Shoshone Nation. In order to process this application, we will need the students Financial Aid Information and Class schedule. Your assistance in this matter will be greatly appreciated.

Budget Period: _____ to _____ Semester Start Date: _____

Student is Considered: Independent _____ Dependent _____

Applicable Income Reported for Prior Tax Period \$ _____

Sources of Funds

Parental Contribution _____
Student Contribution _____
Spouse Contribution _____
Federal Grants _____
State Grants _____
PELL Grant _____
Scholarship _____
Other _____

TOTAL _____

Student Loan _____

Actual Costs

Tuition _____
Fees _____
Books _____
Materials _____
Room _____
Board _____
Travel _____
Miscellaneous _____

Total Costs _____

Signature of Financial Aid Officer: _____

Name: _____ Date: _____

Phone: _____ Email: _____

For Tribal Office Use

Tribal Contribution; \$ _____ Approved by: _____