



**COYOTE VALLEY EDUCATION
AND
YOUTH DEVELOPMENT CENTER**

7751 North State Street
P.O. Box 39
Redwood Valley, CA 95470
(707) 485-8723 ex. 226 / Fax (707) 485-6773
www.cvlibrary@hotmail.com

**Coyote Valley Tribal Council
BIA Higher Education Grant Application**

All information requested is voluntary; however, failure to fully complete all application parts may result in delays of processing this application or make it impossible to process at all.

Name: _____ Social Security No.: _____

Address: _____ Telephone No.: _____

Date of Birth: _____ Female: ___ Male: ___ Marital Status: Single ___ Married: ___ Divorced: ___ Separated: ___

No. of Dependents: _____ Veteran: YES ___ NO ___ State of Residency: _____

Tribal Affiliation: Coyote Valley Band of Pomo Indians Enrollment Status: _____

B.I.A. Agency and Address: Central California Agency, 650 Capitol Mall, Suite 4e 8-500 Sacramento, CA 95814

Name and Address of High School: _____

Type of High School: B.I.A. ___ Tribal ___ Private ___ Mission ___ Public ___ GED ___ Date of GED _____

APPLICATION REQUEST FOR ACADEMIC YEAR: 20___ - 20___

ACADEMIC YEAR: _____ SPRING ONLY _____ FALL ONLY _____ SUMMER _____ (CHECK ONE)

FULL - TIME ___ PART - TIME ___

Name and Address of college Selected: _____

College Major: _____ Expected Graduation Date: _____

Expected Degree: A.A. (Associate of Arts) ___ B.A. (Bachelor of Arts) ___ MA (Master of Arts) ___ Other ___

Year in college: Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate ___

I will live: On Campus ___ Off Campus ___ With Parents ___

Have you received a B.I.A. grant before: YES ___ NO ___ If yes, what year(s): _____

NUMBER OF SEMESTER HOURS EARNED: _____ NUMBER OF CREDIT HOURS EARNED _____

STATEMENT OF EDUCATION PURPOSE: I declare that I will use any funds I receive under the Bureau of Indian Affairs (B.I.A) Higher Education Grant Program solely for expenses connected with attendance at my designated college. I authorize the school to release grades, financial information and class and schedules to the COYOTE VALLEY TRIBAL DEPARTMENT OF EDUCATION, B.I.A Higher Education Grant Program.



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PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974. Although furnishing personal information to this office is voluntary, failure to supply complete and accurate information may preclude the applicant from eligibility for assistance under this program.

This information is being collected to determine eligibility of individuals applying for services. This information will be used to produce statistical records required of the Office of Indian Education Programs. Response to this request is required to obtain a benefit.

I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to necessary agencies to complete my financial aid package. I request any B.I.A. grant awarded be mailed to me in care of financial aid office of the institution. I will provide a copy of my grades or transcripts to the COYOTE VALLEY TRIBAL EDUCATION DEPARTMENT at the end of each term.

Signature of Student: _____ Date: _____



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**Coyote Valley Tribal Council: B.I.A. Higher Education Grant Application
FINANCIAL NEEDS ANALYSIS**

PART A: IDENTIFICATION INFORMATION (To Be Completed By Student)

Name: _____ Social Security No.: _____

Address: _____ Telephone No.: _____

Tribal Affiliation: Coyote Valley Band of Pomo Indians

Part B: TO BE COMPLETED BY FINANCIAL AID OFFICER

The above student has applied for a B.I.A. Higher Education Grant. The student is required by Federal rules to apply for college-base aid, Pell Grant, state grants and all other funding sources that are available. Verified financial need information is needed through your office before Coyote Valley can take action on this application. Thank You for your assistance.

Academic Year: _____ to _____ which will start on (date) _____

This student is considered (Check one): _____ Independent _____ Dependent

Part C: Budget: TO BE COMPLETED BY FINANCIAL AID OFFICER

	Aid/Resources		
Tuition /Fees \$ _____	Parent contribution \$ _____	EOP(S) \$ _____	
Room/Board \$ _____	Student Contribution \$ _____	VA Benefits \$ _____	
Books/Supplies \$ _____	Pell Grant \$ _____	BOGG \$ _____	
Transportation \$ _____	Work Study \$ _____	TANF \$ _____	
Personal/Childcare \$ _____	Stafford Loan \$ _____	Voc. Rehab \$ _____	
Other \$ _____	Perkins Loan \$ _____	Social Sec. \$ _____	
	Cal Grant A/B \$ _____	Scholarship \$ _____	
Total Expenses \$ _____	SEOG \$ _____	Other \$ _____	
		Total Resources \$ _____	
		Financial Need \$ _____	

WE RECOMMEND COYOTE VALLEY CONSIDER AWARDING THIS STUDENT \$ _____

I certify the above information to be in accordance with the established rules and regulations for determining financial needs and resources as required by existing Federal Manuals and the institution administering Federal and State Financial Aid Programs.

Coyote Valley TED will need financial aid information listed in "PART B" before any action will be taken on my application. When all the necessary information is on file in your office, please complete and forward to:

Coyote Valley Tribal Council, B.I.A. Higher Ed. Scholarship Program, P.O. Box 39, Redwood Valley, CA 95470

COLLEGE NAME: _____ **TELEPHONE:** _____

ADDRESS: _____ **CITY/STATE/ZIP:** _____

Signature of Financial Aid Officer: _____ **Date:** _____



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I accept this Financial Aid Package as shown and give my permission for the Financial Aid Officer to release information to the **Coyote Valley Tribal Education Department (TED)**.

I agree to comply with the following condition:

1. I will notify both the Financial Aid Officer and the Coyote Valley Education Director if I withdraw from school at any time during the current academic year.
2. I will return my unused portion of my grant to the Coyote Valley TED upon withdrawal from school.
3. I will assure that an official transcript of my college records will be forwarded to the Coyote Valley TED at the end of each semester that I am in attendance. I understand that failure to do so may delay subsequent funding.
4. I will satisfactorily maintain a minimum of 12 units with a grade point average of not less than 2.0 for each semester and/or four quarters. Failure to do so will be cause for probation and/or termination of a B.I.A. grant.

Signature of Student

Date

Note: It is necessary to reapply for the B.I.A. Higher Education Grant each academic year or when transferring to a different school.