



## TUNICA-BILOXI SCHOLARSHIP PROGRAM

Attn: John Barbry  
Tunica-Biloxi Tribe of LA  
150 Melacon Road  
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## TUNICA-BILOXI SCHOLARSHIP

The Tunica-Biloxi Tribal Council recognizes the importance for its members to pursue their post-secondary education. The Higher Education Scholarship Program aids tribal members with financial assistance and provides an opportunity to obtain an Associate, Bachelor, Master, and/or Doctorate degree.

### I. ELIGIBILITY REQUIREMENTS FOR APPLICANTS

1. Must be an enrolled member of the Tunica-Biloxi Tribe of Louisiana.
2. Must have a High School Diploma or High School Equivalency (HSE; formerly GED) credentials.
3. Must be enrolled at an accredited college, university, or technical program.

### II. SCHOLARSHIP AWARD

1. The maximum scholarship award available to each applicant shall be up to \$2,000 per grading period (i.e., quarter or semester) and shall be available for the following:
  - a. Tuition
  - b. Books
  - c. Student Housing
  - d. Supplies
  - e. Continued Education
2. This amount shall be disbursed by grading period until the annual maximum limit is expended.
3. Total or cumulative scholarship assistance annually shall not exceed \$4,000 per each student. This maximum limit shall apply to all accredited universities, colleges, and technical programs.
4. Total or cumulative lifetime scholarship assistance shall not exceed \$20,000 per each student. This lifetime maximum limit shall apply to all accredited universities, colleges, and technical programs.
5. Scholarships shall be awarded based on the availability of tribal funding each year. The student should not rely on the Tribe's scholarship as their only means of financial assistance.
6. Scholarship awards shall be issued directly to the Financial Aid Office of the institution for disbursement.

### III. REQUIRED DOCUMENTS

The following documents shall be required in order to qualify for the Tunica-Biloxi Scholarship:

- a. A completed Tunica-Biloxi Scholarship application.
- b. A completed Financial Needs Analysis form, which must be completed by the applicant's college/university/technical school Financial Aid officer.
- c. Copy of Letter of Acceptance, or an equivalent document, from the respective college/university/technical school for first-time applicants.
- d. Proof of a High School Diploma or High School Equivalency (HSE; formerly GED) credentials for first-time applicants.
- e. A current class schedule showing the number of courses and credit hours/units being taken.
- f. Copy of Official Financial Aid Awards Letter from the institution that the applicant will be attending to verify that the applicant has applied for other resources and a copy of a completed confirmation of a FAFSA application.

### IV. SCHOLARSHIP REQUIREMENTS

During the term (semester/quarter) for which the student was awarded the Tunica-Biloxi Scholarship, he or she must:

- a. Earn a minimum academic standard of 2.0 GPA.
- b. Uphold social conduct within the policies and rules of the institution attended.
- c. Use the scholarship award for the intended purpose.
- d. Maintain enrollment at their post-secondary institution.



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Required documents may be submitted by mail, fax, or email to:

# STUDENT APPLICATION

Please PRINT clearly and neatly in black or blue ink. All questions contained in this application are strictly confidential.

<b>TRIBAL ROLL NUMBER:</b>				
<b>Name</b> (LAST, FIRST, MI):		<input type="checkbox"/> M <input type="checkbox"/> F	<b>DOB:</b>	<b>Age:</b>
<b>Street Address:</b>				
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Parish/County:</b>	
<b>Email Address:</b>	<b>Mobile / Best Contact #:</b>		<b>Best Contact Time:</b>	

## SCHOOL INFORMATION

<b>Current School (&amp; Location):</b>		<b>School ID #:</b>					
<b>CURRENT ACADEMIC YEAR</b>	SECONDARY/ HIGH SCHOOL <input type="checkbox"/> 12 <sup>th</sup> GRADE <input type="checkbox"/> ____	<b>DEGREE PLAN: (POST-SECONDARY STUDENTS)</b>	How many credits does your school require for graduation? _____				
	UNDERGRADUATE <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> ____		How many credits have you earned toward graduation? _____				
	GRADUATE <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> ____		The number of people in your household who currently attend college? _____				
	Other _____		Are you (or will you be) a first-generation college student? _____				
<b>ACT SCORES:</b>							
<b>TEST DATE</b> _____	<b>COMPOSITE</b> _____	English _____	Math _____	Reading _____	Science _____	Writing _____	STEM _____
<b>TEST DATE</b> _____	<b>COMPOSITE</b> _____	English _____	Math _____	Reading _____	Science _____	Writing _____	STEM _____
<b>TEST DATE</b> _____	<b>COMPOSITE</b> _____	English _____	Math _____	Reading _____	Science _____	Writing _____	STEM _____
<b>Cumulative High School GPA:</b>	<input type="checkbox"/> 4.00 or above	<input type="checkbox"/> 3.99 – 3.50	<input type="checkbox"/> 3.49 – 3.00	<input type="checkbox"/> 2.99 – 2.00	<input type="checkbox"/> 1.99 – or lower	<input type="checkbox"/> N/A	
<b>Cumulative College GPA:</b>	<input type="checkbox"/> 4.00 or above	<input type="checkbox"/> 3.99 – 3.50	<input type="checkbox"/> 3.49 – 3.00	<input type="checkbox"/> 2.99 – 2.00	<input type="checkbox"/> 1.99 – or lower	<input type="checkbox"/> N/A	

## GOALS / INTERESTS

EDUCATIONAL GOAL:	CAREER GOAL(S) – LONG TERM	ANTICIPATED DEGREES
<input type="checkbox"/> Professional / Graduate Degree	1.	Institution & Location:
<input type="checkbox"/> 4-Year Program / Post-Secondary Degree	2.	Major:
<input type="checkbox"/> 2-Year Program / Post-Secondary Degree	<b>CAREER GOAL(S) – SHORT TERM</b>	Minor:
<input type="checkbox"/> Vocational-Technical Program / Certificate	1.	ANTICIPATED GRADUATION DATE (Month/Year):
<input type="checkbox"/> Military	2.	<b>DEGREES EARNED (DEGREE AND DATE RECEIVED)</b>
<input type="checkbox"/> Workforce	<b>WHAT ARE YOUR HOBBIES AND INTERESTS?</b>	
<input type="checkbox"/> Other, please specify:		





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**FINANCIAL NEEDS ANALYSIS (FNA) FORM**

**Student Only**

**STUDENT INFORMATION**

APPLYING FOR 20____ - 20____		STUDENT ID	
<input type="checkbox"/> SEMESTERS <input type="checkbox"/> QUARTERS		SSN	
LAST NAME	FIRST NAME	M.I.	
STREET ADDRESS			
CITY	STATE	ZIP	
BEST CONTACT EMAIL			
BEST CONTACT PHONE (AREA CODE & NUMBER)			

**INSTITUTION ATTENDING**

NAME OF INSTITUTION		
ADDRESS		
CITY	STATE	ZIP
FINANCIAL AID DIRECTOR (NAME)		
BEST CONTACT PHONE (AREA CODE & NUMBER)		
BEST CONTACT EMAIL		
INSTITUTION WEB ADDRESS		

I hereby authorize the financial aid office to release my financial aid information and any relevant information to the Tunica-Biloxi Tribe of Louisiana.    SIGNATURE \_\_\_\_\_    DATE \_\_\_\_\_

**Financial Aid Office Use Only**

The Financial Aid Officer shall do the following:

- Complete the below section for COST OF ATTENDANCE, RESOURCES AND FEDERAL/OTHER AID as it relates to the above named student.
- Sign and return the completed FNA form in a sealed envelope of the institution to the above named student.

Budget Period: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
 First Day of Class: \_\_\_\_\_

The above student is considered:     Independent     Dependent  
 Classification:     Undergraduate     Graduate     Other  
 Year in College: \_\_\_\_\_

Is the student's file complete?     YES     NO  
 IF No, please explain \_\_\_\_\_

Student has submitted FAFSA to your office?     YES     NO

COST OF ATTENDANCE		RESOURCES		FEDERAL/OTHER AID	
Tuition / Fees		Tribal Assistance		PELL	
Room/Board		Parent Contribution		LEAP/SEOG	
Books/ Supplies		Veterans Benefits		Parent PLUS	
Transportation		Tuition Waiver		Subsidized Loans	
Personal				Unsubsidized Loans	
Childcare				Scholarship(s)	
Miscellaneous				FWS	
				Other (Specify) _____	
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

Total Expenses - (Total Resources + Federal/Other Aid) = \_\_\_\_\_ (Remaining Need)

Notes:

\_\_\_\_\_

Financial Aid Director \_\_\_\_\_

Date \_\_\_\_\_