



TUNICA-BILOXI SCHOLARSHIP PROGRAM

Attn: Jessica Barbry
Tunica-Biloxi Tribe of LA
PO Box 1589
Marksville, LA, 71351
Fax: (866) 739-0035
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TUNICA-BILOXI SCHOLARSHIP

The Tunica-Biloxi Tribal Council recognizes the importance for its citizens to pursue their post-secondary education. The Higher Education Scholarship Program aids tribal citizens 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 citizen of the Tunica-Biloxi Tribe of Louisiana.
2. Must have a High School Diploma or High School Equivalency (HSE; formerly GED) credentials or be a high school student enrolled in dual enrollment courses.
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 \$4,000 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 \$8,000 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 \$40,000 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.

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

SCHOOL INFORMATION

| | | | | | | | |
|---|--|---|--|--------------------------------------|--|------------------------------|------------|
| Current School (& Location): | | School ID #: | | | | | |
| CURRENT ACADEMIC YEAR | SECONDARY / HIGH SCHOOL <input type="checkbox"/> 12 th GRADE <input type="checkbox"/> _____ | DEGREE PLAN: (POST-SECONDARY STUDENTS) | How many credits does your school require for graduation? _____ | | | | |
| | UNDERGRADUATE <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> _____ | | How many credits have you earned toward graduation? _____ | | | | |
| | GRADUATE <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <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? _____ | | | | |
| ACT SCORES: | | | | | | | |
| TEST DATE _____ | COMPOSITE _____ | English _____ | Math _____ | Reading _____ | Science _____ | Writing _____ | STEM _____ |
| TEST DATE _____ | COMPOSITE _____ | English _____ | Math _____ | Reading _____ | Science _____ | Writing _____ | STEM _____ |
| TEST DATE _____ | COMPOSITE _____ | English _____ | Math _____ | Reading _____ | Science _____ | Writing _____ | STEM _____ |
| Cumulative High School GPA: | <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 | |
| Cumulative College GPA: | <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

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



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SHORT ANSWER QUESTIONS

1: DESCRIBE YOUR MOST MEANINGFUL ACHIEVEMENT TO DATE AND HOW IT HAS INFLUENCED YOUR LIFE.

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|--|
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| |

2: DESCRIBE HOW YOU APPLY THE TUNICA-BILOXI TRIBE OF LOUISIANA MOTTO "CHERISHING OUR PAST, BUILDING FOR OUR FUTURE" TO YOUR LIFE DAILY.

| |
|--|
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| |
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SUBMIT THE FOLLOWING DOCUMENTS ALONG WITH YOUR COMPLETED APPLICATION:

- Copy of a completed confirmation of a FAFSA Application
- Copy of Official Financial Aid Award letter
- Financial Needs Analysis form, which must be completed by the Financial Aid Officer at respective post-secondary institution
- Copy of current class schedule showing the number of courses and credit hours/units for the semester/quarter.
- First time applications must also submit:
 - Proof of high school Diploma or High School Equivalency (HSE; formerly GED) credentials
 - Copy of Letter of Acceptance, or an equivalent document, from the prospective post-secondary institution

Thank you for taking the time to complete this application.

AUTHORIZATION

I understand that only complete applications (student applications, Financial Need Analysis form, copy of College Letter of Acceptance, Proof of High School Diploma, Current Class Schedule, copy of Official Financial Aid Award Letter and a copy of completed confirmation of a FAFSA application) will be assessed for the Tunica-Biloxi Scholarship.

If selected as a recipient of this scholarship, I agree to provide a photograph for the announcement of the scholarship award for publication by the Tunica-Biloxi Tribe.

I affirm that the information contained herein is true and accurate to the best of my knowledge.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE



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FINANCIAL NEEDS ANALYSIS (FNA) FORM

Student Only

STUDENT INFORMATION

| | | | |
|---|------------|------------|--|
| APPLYING FOR 20____ - 20____ | | STUDENT ID | |
| 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: _____

Is the student's file complete? YES NO

IF No, please explain _____

The above student is considered: Independent

Dependent Classification: Undergraduate Graduate Other

Year in College: _____

Student has submitted FAFSA to your office? YES

| COST OF ATTENDANCE | | RESOURCES | | FEDERAL/OTHER AID | |
|--------------------|-----------|---------------------|-----------|-----------------------|-----------|
| Tuition / Fees | | Tribal Assistance | NO | 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) _____ | |
| Total | \$ | Total | \$ | Total | \$ |

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

Notes:

Financial Aid Director _____

Date _____