**WAMPANOAG TRIBE OF GAY HEAD (AQUINNAH)**

**HIGHER EDUCATION SCHOLARSHIP APPLICATION**

**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Enrollment** **#**\_\_\_\_\_\_\_\_\_\_

*(Last)* *(First)* *(Middle)*

**Social Security Number**:\_\_\_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_ **Date of Birth**:\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Male/Female

**Home Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Street #) (City/Town) (State) (Zip)*

**Mailing Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(P.O. Box #) (City/Town) (State) (Zip)*

**E-Mail Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone: Home** :(\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_ Work :(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_ **Cell** :(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you a veteran?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Graduation/GED Date**: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**APPLICATION REQUEST FOR ACADEMIC YEAR 20\_\_\_\_\_- 20\_\_\_\_\_**

Full-time \_\_\_\_\_ Spring Only \_\_\_\_\_ Fall Only \_\_\_\_\_ Summer \_\_\_\_\_

Name of College:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Telephone #)*

College Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Street #) (City Town) (State) (Zip)*

College Major:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Graduation Date:\_\_\_\_\_\_\_\_\_\_\_\_ Student I.D. Number\_\_\_\_\_\_\_\_

Expected Degree: \_\_\_\_\_AA \_\_\_\_\_BA \_\_\_\_\_BS \_\_\_\_\_MA Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year in College: \_\_\_\_\_Freshman \_\_\_\_\_Sophomore \_\_\_\_\_Junior \_\_\_\_\_Senior \_\_\_\_\_Graduate

Where will you live? \_\_\_\_\_on campus \_\_\_\_\_off campus \_\_\_\_\_with parents

Have you ever received a WTGHA Higher Education Award before? \_\_\_\_\_Yes \_\_\_\_\_No

If Yes what years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of semesters earned \_\_\_\_\_\_\_\_\_\_\_\_

Number of quarters earned \_\_\_\_\_\_\_\_\_\_\_\_

STATEMENT OF EDUCATION PURPOSE

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_declare that I will use any funds I receive under the Wampanoag Tribe of Gay Head (Aquinnah)’s Higher Education Scholarship Program solely for expenses connected with attendance at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*(Name of Institution)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Signature of Student) (Date)*

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**PRIVACY ACT AND PAPERWORK REDUCTION 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 information supplied in this application 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 that any scholarship awarded me be mailed to me in care of the financial aid office of the institution. I will provide a copy of my grades or transcript to the Education Department of the Wampanoag Tribe of Gay Head (Aquinnah) at the end of each academic term.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Signature of Student) (Date)*

**BRIEF ESSAY**

It is a policy of the Wampanoag Tribe of Gay Head (Aquinnah) that each applicant for our Higher Education Scholarship submits a brief essay describing family ties to Martha’s Vineyard and share personal reflections about your Wampanoag heritage. Please connect what you are learning each year in some way with your Wampanoag heritage.

Remember to put your name and date on your essay. Indicate whether we can share your essay in future Tribal publications. Please let us know if anything has changed that we should know about in terms of your situation at school as compared to last year.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINANCIAL AID PACKAGE FORM**

TO BE COMPLETED BY THE STUDENT: Wampanoag Tribe of Gay Head (Aquinnah)

Home Tribe

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel.# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Year in College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Higher Education Scholarship Program, Wampanoag Tribe of Gay Head (Aquinnah)

20 Black Brook Road, Aquinnah, MA 02535 PHONE: (508) 645-9265 FAX: (508) 645-9820

All students are requested to apply for other sources of funding available through the Financial Aid Office.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PART II: **TO BE COMPLETED BY THE FINANCIAL AID OFFICER**

This student has applied to the Wampanoag Tribe of Gay Head (Aquinnah) (WTGH)(A). Verified financial need information is needed through your office before we can take action on this application. We will appreciate your assistance if you would complete and forward this form or a like form to the above address or email to eduassist@wampanoagtribe-nsn.gov. Thank you for your assistance.

Budget Period: From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Which will start on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This student is considered: Independent\_\_\_\_\_\_\_\_\_\_ Dependent\_\_\_\_\_\_\_\_\_

Cost of Attendance. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parental Contribution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S.E.O.G.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tuition\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Contribution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PELL Grant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fees\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse Contribution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NDSL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Books\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VA Benefits\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Study\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Soc.Sec. Benefits\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scholarships\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Board\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Welfare/AFCD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­Voc. Rehab\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Travel\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Grants\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other grants/scholarships\_\_\_\_\_\_\_\_ Misc\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Ind. School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

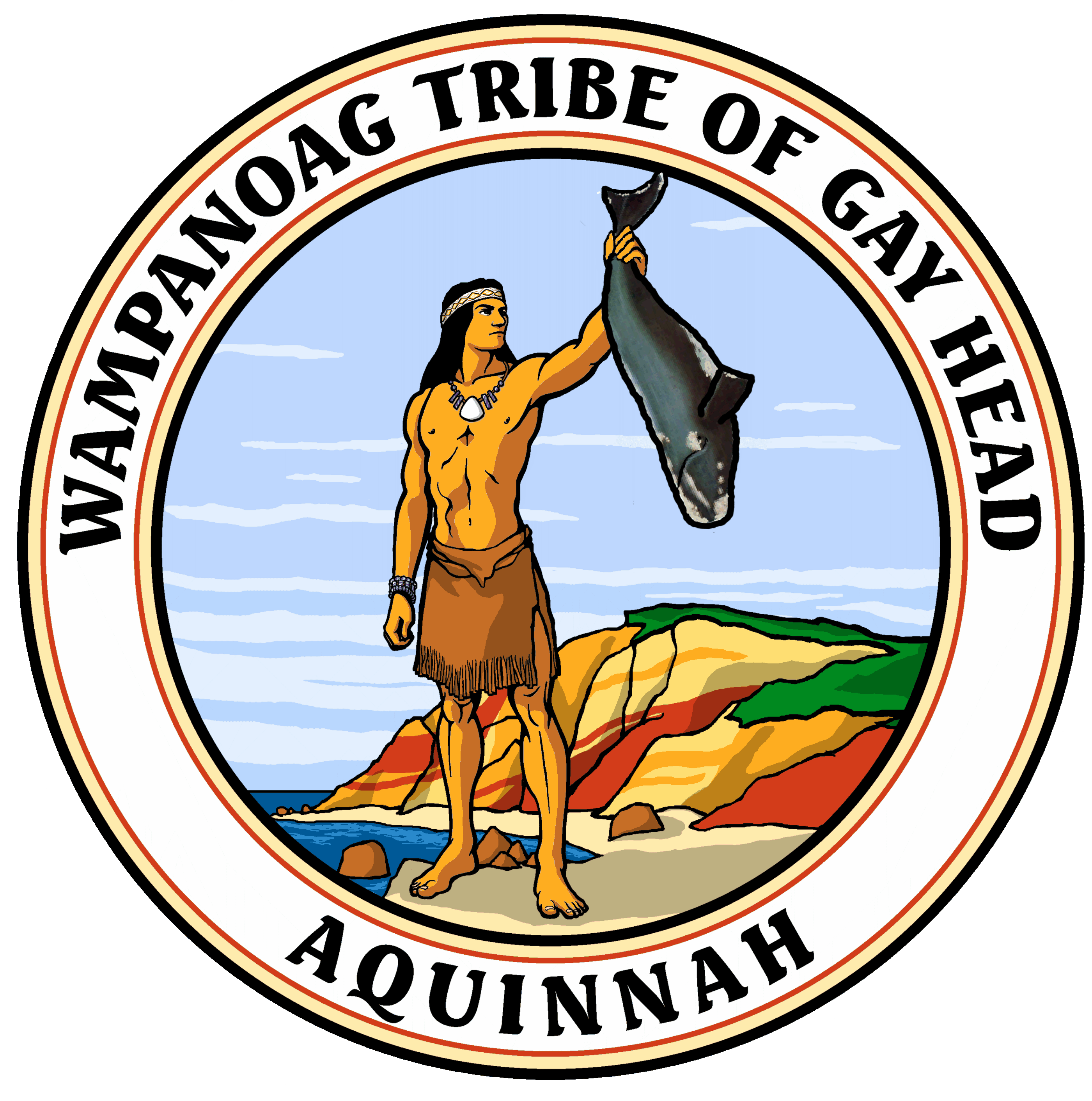
Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Aid Officer Date Telephone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of College Address Zip Code

Our school is on: Semester\_\_\_\_\_\_ Quarter\_\_\_\_\_\_\_ Trimester\_\_\_\_\_\_ Other\_\_\_\_\_\_\_



**HIGHER EDUCATION SCHOLARSHIP PROGRAM**

**GENERAL INFORMATION AND APPLICATION PROCEDURE**

1. **ELIGIBILITY:** Scholarships may be made to full-time students who:
   1. are enrolled members of the Wampanoag Tribe of Gay Head (Aquinnah)
   2. have a definite financial need
   3. are pursuing a baccalaureate degree at a two year or four-year accredited college or university
   4. complete application requirements

**NOTE:** Continuing eligibility will depend on satisfactory progress toward degree requirements.

Please see Higher Education Scholarship Policies for more details (available upon request).

1. **CERTIFICATION:** The Education Department of the Wampanoag Tribe of Gay Head (Aquinnah) shall certify tribal membership for all applicants. Certification forms are available in the WTGH(A) offices and all applicants must include an enrollment number on their application.
2. **REQUIRED DOCUMENTS:** Students applying for scholarship assistance are required to provide the following documents each year: Please use the checklist provided.
   1. Letter of Acceptance for first time applicants or transfers
   2. Membership Certification for first time applicants
   3. Higher Education Scholarship Application
   4. Statement of Education Purpose and Privacy Act
   5. Essay about personal connection with Aquinnah Wampanoag heritage
   6. Financial Aid Recommendation completed by college Financial Aid Office. Student must complete a **FAFSA** in order for the Financial Aid Office to complete the Financial Aid Form on the student’s application.
   7. High School or College Transcript of grades for each year.

Original official copy of student transcripts at the end of each term (semester or quarter.)

Have your school convert grades into GPA format if they are not already.

1. **APPLICATION PROCEDURE:**
   1. New applicants, transfers, and previously suspended students need to include a letter of acceptance from a national or state accredited institution.
   2. Fill out a complete Higher Education scholarship application form, including your tribal enrollment number, email address, full address and telephone number of college, etc. Sign the Statement of Education Purpose and Privacy form, write the essay and complete the top portion of the Financial Aid form.
   3. **Your application and all documents requested are due by July 15th, or you will not be considered for a Higher Education Scholarship. No exceptions.**

* + 1. The first part of the application includes: the Higher Education Scholarship Application form, the Statement of Education Purpose and Privacy Act form, and the Essay form. Send only these forms directly to the Education Department by July 15th.
    2. The second part of the application includes your responsibility as the applicant to contact the Registrar of your college or university (or high school, for freshman) and request that your grades be sent to the Education Department by July 15th. Call your Registrar as soon as grades come out to make this request.
    3. **The third part of the application includes your responsibility as the applicant to sign and complete the top portion of the included Financial Aid form and mail it to the Financial Aid office of your college or university, in time for your school to fill out the required information and return it to the Education Department by July 15th**. **Please do not send this form to the Education Department with the rest of your application.** You are required to file this Financial Aid Form (FAFSA) and apply for other federal and state grants. At the request of the student, the Financial Aid Officer of the college will complete the Financial Aid Package Form detailing the supplemental needs and forward it to the Wampanoag Tribal Offices. This FAFSA or needs analysis will state all other aid which may be applied toward meeting the student’s need. A scholarship from the WTGH(A) is dependent upon review of the information submitted and compliance with the criteria set forth in the WTGH(A) Higher Education Scholarship Policies.
  1. A file is created for you in the Education Department and as each part of your application is sent to the Department it is included in your file. Please call several weeks before August 1st to confirm that your school has sent transcripts and the Financial Aid form.

**NOTE:** A check shall be issued by the Wampanoag Tribe of Gay Head (Aquinnah). For questions concerning payment, please contact (508) 645-9265 ext. 155 or via email; eduassist@wampanoagtribe-nsn.gov

or write:

Wampanoag Tribe of Gay Head (Aquinnah)

Attention: Education Department

20 Black Brook Road

Aquinnah, MA 02535

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**Education Department**

**20 BLACK BROOK ROAD AQUINNAH, MA 02535**

**OFFICE (508) 645-9265 ext. 155 FAX (508) 645-9820**

[**eduassist@wampanoagtribe-nsn.gov**](mailto:eduassist@wampanoagtribe-nsn.gov)

For your convenience, The Education Department has provided you with a checklist to assist you in reaching your deadlines and to ensure receiving your scholarship award.

Remember the deadline for ALL required documents is **July 15th, 2024**

**Checklist**

\_\_ Letter of Acceptance for first time applicants or transfers

\_\_ Membership Certification for first time applicants

\_\_ Higher Education Scholarship Application

\_\_ Statement of Education Purpose and Privacy Act

\_\_ Essay about personal connection with Aquinnah Wampanoag heritage (first time applicants only)

\_\_ Financial Aid Recommendation completed by college Financial Aid Office (after you apply to FAFSA)

\_\_ High School transcripts for first time applicants

\_\_ College Transcripts

* + - **Original official** copy of student grades at end of each semester
    - Send in your transcripts for the second payment disbursement as soon as your fall semester is completed and you have received your grades (**deadline January 31st**)