

CHITIMACHA SCHOLARSHIP PROGRAM

P.O. Box 661/ 230 Chitimacha Loop
Charenton, LA 70523
Phone: (337) 923-2463 Fax: (337) 923-6848
Email: theresap@chitimacha.gov



APPLICATION PACKET

MUST BE COMPLETED/SUBMITTED: **MANUALLY**
Electronic Signatures will not be accepted.

	COLLEGE/UNIVERSITY
	PROPRIETARY SCHOOL
	VOCATIONAL/TECHNICAL

Semester/Quar./Etc.:		Year:		Date:	
Name:				Soc. Sec. #	
Date of Birth:				Phone #	
Email:					
Address:					
City/State/Zip:					
Signature:					

By submission of this application, whether manually or electronically, I agree to abide by the rules and regulations as established under the Chitimacha *Scholarship* Program, and any policy changes or *Board of Education* directives that may be implemented during this term.

ESTIMATED EXPENSES

Semester/Quarter/Etc.:		Year:	
Tuition:		Fees:	
Lodging:		Food:	
Total Exp.:			
Total other Fin. Aid:			
Total Requested:			

HOUSING INFORMATION

During the Semester/Quarter/Etc. for which funding is being requested;

	I will be living at home or with the person who owns the dwelling in which the space I am renting is located.
	I will be renting or leasing living space other than as stated above. <u>Current Rental /Lease Agreement must be submitted which indicates; the monthly rental fee, you as a tenant and the number of other persons residing in the unit.</u>

I certify that my living arrangements are as stated and understand that my housing allowance will be prorated to the number of people listed on my housing documents such as lease, rental, or dorm documentation as well as to the number of credit hours I *complete* this term.

Signature:		Date:	
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EDUCATION INFORMATION

Semester/Quarter/Etc.:		Year:	
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LEVEL OF EDUCATION

	GED	Date Obtained:	
	High School Diploma	Date Obtained:	
	Attended and/or Attending College	Number of terms funded by this program:	
	Associate Degree	Date Obtained:	
	Bachelor Degree	Date Obtained:	
	Other	What and date Obtained:	

TYPE OF DEGREE/CERTIFICATION BEING SOUGHT

Certification:		Year expected to Obtain:	
Associate Degree:		Year expected to Obtain:	
Bachelor Degree:		Year expected to Obtain:	
Other:		Year expected to Obtain:	

COLLEGE/UNIVERSITY/PROPRIETARY SCHOOL ATTENDING

Name of Institution:	
Mailing Address:	
City/State/Zip Code:	
Phone #'s Financial Aid Office/Registrars Office:	
Major:	
Current Classification:	
Number of Hours Scheduled:	

CERTIFICATION

(PLEASE READ CAREFULLY BEFORE SIGNING)

Semester/Quarter/Etc.:		Year:	
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I hereby certify that the information I have provided to the Chitimacha *Scholarship* Program is true and correct to the best of my knowledge. I understand that should the information be found to be false or misleading, I will be required to repay all funding received and I will be **suspended** from the *Scholarship* Program. I also understand and agree that should I fail to apply the scholarship/grant funds in accordance with this agreement or to comply with the terms and conditions of the *Scholarship* Program guidelines, then I will be in default of the scholarship/grant agreement. In that event, I hereby understand **that I will be suspended from the program** and I agree that interest will accrue on the funds received by me from the date of receipt until paid at the contractual rate of one and on-half (1½%) percent per month.

I also consent to the release of information to necessary agencies to complete my financial aid package for semesters for which I have received funds through the *Scholarship* Program. I agree to provide a copy of or to provide for the release of my grades or transcript to the Chitimacha *Scholarship* Program Office at the end of each academic semester/quarter for which I have received an award through the Chitimacha *Scholarship* Program.

I agree to attend the College/University, Proprietary, Vocational, Technical, Trade School named and to work toward the objective I have stated. If I find it necessary to withdraw before the end of the period of the award, I agree to consult with my college counselor and to notify the Chitimacha *Scholarship* Program Office of my intentions before withdrawing or within 10 working days of withdrawal. I understand that I will be required to pay back all or a portion of funds to the Chitimacha *Scholarship* Program as established in the *Chitimacha Scholarship Program Guidelines*.

Signature:		Date:	
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FOR OFFICE USE ONLY

Received By:		Date:	
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CHITIMACHA STUDENT AID PROGRAM

P.O. Box 661/ 230 Chitimacha Loop
Charenton, LA 70523
Phone: (337) 923-2463 Fax: (337) 923-6848
Email: theresap@chitimacha.gov

RELEASE OF INFORMATION

NOTICE: This form must be downloaded, executed and returned to the *Chitimacha Scholarship Office* as part of your application.

TO:	
ADDRESS:	

I,	(Insert Name)
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hereby authorize the release of requested information including but not limited to: financial, academic, attendance, housing and any other pertinent information that may be required by the *Chitimacha Scholarship Office* for the

Semester/Quarter/Term/Etc.:	
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Agents of the above named business, institution, etc. are authorized to cooperate fully with the contact person for the *Chitimacha Scholarship Program*: Tahra Demarco, Acting Scholarship Coordinator

SIGNATURE:		DATE:	
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I UNDERSTAND THAT BY SIGNING THIS RELEASE, I AM IN NO WAY RELIEVED OF THE RESPONSIBILITY OF PROVIDING THE REQUIRED DOCUMENTS AS ESTABLISHED IN THE PROGRAM GUIDELINES.

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COMMUNITY INVOLVEMENT PROGRAM AGREEMENT

Semester/Quarter/Etc.:		Year:	
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STUDENT: In accordance with the revised Scholarship Program Guidelines as adopted on September 20, 2006, a new student pay back program is scheduled to become effective January 1, 2007, specifically, the “**Community Involvement Program**”. As stated therein, *“students who are currently operating under the “payback” policy and have accrued hours in advance of usage, will be allowed to continue to match hours to dollars until all advanced hours are used. Once that is done this student would then participate in Phase I of the new program. Students who are currently operating under the “payback” policy and owe hours will begin the Community Involvement Program Phase I”*. You are required to sign this agreement and return it to this office along with your application.

I realize that by my accepting a Scholarship from the Chitimacha *Scholarship* Program I am agreeing to participate in the service pay-back program as deemed applicable in accordance with the revised program guidelines

SIGNATURE:		DATE:	
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CHITIMACHA STUDENT AID PROGRAM

P.O. Box 661/ 3291 Chitimacha Trail
Charenton, LA 70523
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FINANCIAL AID DATA SHEET

Name of Student:		Semester/Quarter, Etc. and year:	
Soc. Sec. #		Phone #'s	
Name and Address of Institution:			
Number of Hours Scheduled:			

To Be Completed by Financial Aid Officer

EXPENSES FOR THE SEMESTER

Tuition/Fees:		Date Due:	
Room/Board:		Books:	
TOTAL EXPENSES:			

AWARDS FOR THE SEMESTER

	Student has not applied for financial aid as yet.		
	A determination has not been received on this student's financial aid application as of this date.		
	The student has been awarded assistance as follows;		
\$	PELL	\$	SEO
\$	WORK/STUDY	\$	OTHER

Signature of Financial Aid Officer:		Date:	
(Name) Please Print:		Phone#:	