



Southwest Tribal Housing Alliance

C/O Hualapai Housing Department

P.O. Box 130

Peach Springs, Arizona 86434

ARIZONA – NEW MEXICO – WEST TEXAS

**AMERIND RISK MANAGEMENT CORPORATION
ANNUAL SCHOLARSHIP PROGRAM FUND
REGION VIII APPLICATION**

Applying for Academic Year 20__ to 20__

STUDENT PROFILE (All information must be completed)

Applicant: _____
Last Name First Name MI

SS# _____ Tribal Affiliation: _____

DOB: _____ Enrollment No. _____

Housing Authority/TDHE/Tribe Representing Applicant: _____

MAILING INFORMATION: _____ Current _____ Permanent _____ Temporary

Street Address or P.O. Box City State Zip

Telephone No: (School) _____ (Home) _____ (Work) _____

ACADEMIC PROFILE

(Please list the name and address of the institution you have applied to)

Name of Institution Location (City/State) Date of Acceptance

Address of Institution

Degree being pursued: BA BS MA MS PhD Other _____

Major Field of Study: _____

Indicate level applicant will be in the year application is submitted:

___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate
___ Post Graduate ___ Vocational

Full Time Student: _____ (hours) Part-time Student _____ (hours)



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High School Graduated from: _____
Name and Location (City /State) Year Graduated

GED: _____
Place Where Test Was Taken Date of Test Date Passed

DISCLOSURE:

I hereby certify that the information provided in this application is to the best of my knowledge, true, and correct. I have not knowingly withheld any facts or circumstances that could otherwise jeopardize consideration of this application; I also understand that if I am selected for this award, I am responsible for providing REGION VIII with enrollment verification, official transcripts and any additional information needed in a timely manner. If I decide not to attend the school or withdraw from the school for which I am awarded a scholarship under this Program, I agree to pay back the entire amount of the scholarship. I agree to abide by the Process as outlined in the Region VIII Guidelines.

Signature of Applicant

Date

Printed Name of Applicant