

**Southwest Tribal Housing Alliance**

C/O William Picotte

SWTHA President

Gila River Indian Community Housing

P.O. Box 52

Sacaton, AZ 85147

william.picotte.dch@gric.nsn.us

(520) 562-3904

**arizona – new mexico – west texas** swtha.org

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)

High School Graduated from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Location (City /State): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Graduated: \_\_\_\_\_\_\_\_\_

GED: \_\_\_\_\_Place Where Test 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.

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Signature of Applicant Date

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

Printed Name of Applicant