New or continuing students applying for Tribal Scholarship funds must have the following:

1. Tribal Scholarship Application
2. Acceptance Letter From College/University
3. Current Class Schedule
4. Must be enrolled member of Pueblo de San Ildefonso

Full-Time: 12 Credit Hours or more
Part-Time: 11 Credit Hours or less

Continuing Full-Time & Part-Time Students Need:

1. Tribal Scholarship Application
2. Prior Semester Grades
3. Current Class Schedule

To continue in the Tribal Scholarship Program student need to have the following requirements:

1. Student must hold a 2.0 or better GPA
2. Student with 3.0 or better GPA will receive an incentive

**DEADLINE DATES:**

- **Spring Semester:** December 20th
- **Summer Semester:** May 25th
- **Fall Semester:** July 15th

Any questions you may reach Bernice R. Martinez at (505) 455-2635 or (505) 660-0149 email address is Dmartinez a
San Ildefonso Pueblo Scholarship Program
02 Tunyo Po, Santa Fe, NM 87506 Ph. (505) 455-2635 FAX: (505) 455-2641

APPLICATION FORM

Check one: New Application: ❑ Continuing Application: 111

Applying for Academic Year: ❑ Fall 20 ❑ Spring 20 ❑ Summer 20 ❑ Other

(Check boxes applying for)

PERSONAL INFORMATION

Name: ___________________________ ❑ Female ❑ Male

First Last (Maiden name, if applicable)

Phone # & email address: ___________________________

School/Present Address: ___________________________

Street or P.0 Box City State Zip

Permanent/Home Address: ___________________________

Street or P.0 Box City State Zip

Tribal Member: ❑ Yes ❑ No Tribal Enrollment No. _____

Birthdate ___________ Soc. Sec. No. ___________

❑ Single ❑ Married No. of Dependents ❑ Veteran ❑ Yes ❑ No

Applied for other assistance ❑ Yes ❑ No

High School Attended: ___________________________

Graduation Date: ___________________________

SCHOOL INFORMATION

Name of Institution: ___________________________

Address: ___________________________

Street or P.O. Box City State Zip

Telephone No.: ___________________________

❑ University ❑ College ❑ Vocational School ❑ Other/Describe: ______________

Classes begin (Mo./Yr.) _______ Attached Acceptance Ltr/Class Schedule: ❑ Yes ❑ No

Expected Graduation Date: ___________________________

Major: ___________________________

Minor: ___________________________

Expected Degree: ___________________________

Student Status Status Credit Hour: School Calendar Housing

❑ Full Time - 12 Hrs. plus ❑ Freshman This Semester ❑ Semesters ❑ On Campus

❑ Part-Time - 11 hrs. Below ❑ Sophomore Cumulative ❑ Quarters ❑ Off Campus

❑ Other: Specify ❑ Junior ❑ Trimesters

❑ Senior

❑ Graduate

Parents' or Guardian's Name: ___________________________

(If Under 18)

Address: ___________________________

I agree to use the financial aid awarded to me and abide by the San Ildefonso Scholarship Program regulations for the semester applied for, at the School indicated above and use the funds for no other purposes. If I withdraw from school or classes prior to a semester ending, I agree to notify the Scholarship Program, and indicate on re-application for additional financial aid.

Student Signature: ___________________________

Date: ___________________________