



Pueblo de San Ildefonso Tribal Scholarship Program

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

Continuing Full-Time and Part-Time students must submit:

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

Full-Time: 12 Credit hours or more

Part-Time: 11 Credit hours or less

To be awarded through the Tribal Scholarship Program, students must maintain a 2.0 GPA or better each semester. Students with 3.0 or better GPA will receive an incentive.

AWARD AMOUNTS*

- Up to \$1,400 per semester (full-time students with at least a 2.0 GPA) and \$1,800 per semester (full-time students with at least a 3.0 GPA) pursuing undergraduate degree or vocational/technical credential
- Up to \$120 per credit hour for part-time students (fewer than 12 credit hours in a semester) with at least a 2.0 GPA, pursuing undergraduate degree or vocational/technical credential
- Up to \$154 per credit hour for part-time students with at least a 3.0 GPA, pursuing undergraduate degree or vocational/technical credential
- Up to \$1,600 per semester (full-time students with at least a 2.0 GPA) and \$2,000 per semester (full-time students with at least a 3.0 GPA) pursuing graduate degree

**These amounts are contingent upon annual funding approved by the Tribal Council*

DEADLINE DATES

Spring Semester
Summer Semester
Fall Semester

December 20th
May 25th
July 15th

You may contact Bernice R. Martinez with any questions at (505) 455-2635 office, (505) 660-0149 cell, or by mail bmartinez@sanipueblo.org

San Ildefonso Pueblo Scholarship Program

02 Tunyo Po, Santa Fe, NM 87506 PHONE: (505)455-2635 FAX: (505) 455-2641

APPLICATION FORM

Check one: ☐ New Application ☐ Continuing Application

Applying for Academic Year: ☐ Fall ☐ Spring ☐ Summer ☐ Other

PERSONAL INFORMATION

Name: ☐ Femal ☐ Male
First Last (Maiden name, if applicable)

Phone No. & email address:

School/Present Address:
Street or P.O. Box City State Zip

Permanent/Home Address:
Street or P.O. 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 (Month/Year): Attached Acceptance Letter/Class Schedule: ☐ Yes ☐ No

Expected Graduation Date: Major Minor:

Expected Degree:

Student Status	Status	Credit Hour	School Calendar	Housing
<input type="checkbox"/> Full Time -12 Hrs Plus	<input type="checkbox"/> Freshman	This Semester <input type="text"/>	<input type="checkbox"/> Semesters	<input type="checkbox"/> On Campus
<input type="checkbox"/> Part Time -11 Hrs Below	<input type="checkbox"/> Sophmore	Cumulative <input type="text"/>	<input type="checkbox"/> Quarters	<input type="checkbox"/> Off Campus
<input type="checkbox"/> Other-Specify Below <input type="text"/>	<input type="checkbox"/> Junior		<input type="checkbox"/> Trimesters	
	<input type="checkbox"/> Senior			
	<input type="checkbox"/> Graduate			

Parent or Guardian Name (If Under 18):

Address:

I agree to abide by the San Ildefonso Scholarship Program regulations and to use the financial aid awarded to me for the semester applied for, at the school indicated above and to 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 indicated on re-application for additional financial aid.

Student Signature: Date: