

Applications are due to the HECB postmarked by February 1.

## **Renewal Application Information Sheet**

*Read the entire information sheet before completing the application. Print a copy for your records.*

### **Who is eligible to apply for scholarship renewal?**

To be eligible you must:

- ◆ Be a current or former recipient of the American Indian Endowed Scholarship award.
- ◆ Continue to meet the minimum criteria, which includes:
  - Close social and cultural ties to an American Indian tribe and/or community in this state.
  - Agree to use your education to benefit other American Indians.
  - Demonstrated financial need as determined by the college financial aid office.
  - Washington state resident.
  - Enrolled full-time at an eligible, in-state college or university as of fall term of the new award year.
  - Not pursue a degree in theology.
- ◆ Have received fewer than five years of this scholarship in total.

### **How do I apply for scholarship renewal?**

- ◆ Complete the attached application form, and have your academic dean or advisor sign Section VII.
- ◆ Apply for state and federal need-based financial aid at the college or university you will attend during the next academic year. Financial aid applications are available at your school's student financial aid office, or online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov).
- ◆ Attach an updated cumulative grade transcript for this current academic year-to-date.
- ◆ Sign and submit all materials to the Higher Education Coordinating Board as a single, complete package.

### **How will scholarship renewals be awarded?**

The program advisory committee decides the total number and value of scholarships to be awarded each year after analysis of the interest earnings received from the endowment during the prior year.

Recipients may receive up to five academic years of scholarship assistance through this program, in total. Scholarship renewal is not automatic. Renewals, if any, are for one academic year and awarded on a competitive basis after a thorough review of an applicant's academic merit and continued commitment to return service to the state's American Indian community. Priority is given to upper division and graduate students.

**How will scholarship renewals be awarded?** Continued:

A recipient's award may not exceed his/her financial need as calculated by the school's student aid office. In some cases, the recipient's award may be adjusted to prevent conflict with the receipt of other student financial aid grants.

Funds are disbursed once each term through the college. At the time of scholarship disbursement, the recipient must be enrolled as a full-time student at an eligible college or university within the state.

**Applicant Checklist**

The application form must be signed in Sections V, VI, and VII **and** accompanied by:

- A copy of your most recent annual cumulative grade transcript. (Official transcripts, or a copy of your official transcripts).
- A signed release of information form (Section VI).
- The certification and signature of an institutional academic department head or advisor (Section VII).

Your application must be **postmarked** no later than **February 1**.  
**Late or incomplete applications are not considered.**

Mail the entire application in a single package (including all attachments) to:

American Indian Endowed Scholarship Program  
Higher Education Coordinating Board  
917 Lakeridge Way SW, Olympia, WA 98502 (for UPS or FedEx delivery)  
PO Box 43430, Olympia, WA 98504-3430 (for US Postal Service delivery)

For more information, please contact:

Ann M. Voyles, Program Manager  
Direct: 360.753.7843  
Fax: 360.704.6243 (direct fax) or 360.753.7808 (main agency fax)  
E-mail: [annv@hecb.wa.gov](mailto:annv@hecb.wa.gov) or [aies@hecb.wa.gov](mailto:aies@hecb.wa.gov)

**American Indian  
 Endowed Scholarship  
 Renewal Application**

**SECTION I: Applicant Information**



**I am applying for the school year beginning fall \_\_\_\_\_.**

1. Last Name			First Name		M.I.	2. Social Security Number (required)	
3. Current Address: Street		City	State	Zip		4. Phone ( )	
5. Permanent Address (if different): Street		City	State	Zip		6. Alternate Phone ( )	
7. Email address:		8. Tribal Affiliation:			9. I am still a Washington resident. Yes No		

**SECTION II: Current Educational Plan**

10. College you will attend beginning next fall term:		11. Class level next fall (i.e., sophomore, junior, senior, graduate, doctoral, professional):	
12. Current course of study:		13. Date of expected program completion: Year   Month	
14. Did your course of study change within the past year?		<input type="checkbox"/> No	<input type="checkbox"/> Yes (If yes, please elaborate below):
_____			

**SECTION III: Statement of Continued Intent to Return Service**

15. Provide a statement describing, in detail, your intent to provide service to the state's American Indian community. (Attach a separate sheet if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION IV: Update of Extracurricular Activities**

16. List current school, community, and leadership activities, if any, which would support your continued commitment to serve the state's American Indian community. (Attach a separate sheet if necessary.)

\_\_\_\_\_

**SECTION V: Applicant Certification and Media Release**

By my signature, I affirm that the information contained in this application is true and correct to the best of my knowledge. If I am selected to receive the scholarship, I understand that I must be enrolled as a full-time student at an eligible college/university in the state by fall term of the award year.

I understand that the HECB may release information contained in this application to interested parties such as the news media and legislative personnel for the purpose of recognizing the accomplishments of scholarship recipients. ***I have checked the shaded box below only if I DO NOT wish this information to be released.\****

**\*NO, I do NOT authorize the HECB to release my information for the purpose of recognition.**

Applicant's Signature	Date
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*(More on reverse)*

**SECTION VI: Release of Information Statement**

**American Indian Endowed Scholarship Program**

All applicants must complete this Release of Information form. Financial need is one criterion used to determine eligibility for this award. The signed form will allow the school(s) to release financial aid, enrollment, and transcript information to the Higher Education Coordinating Board. The information will be used to determine continued eligibility for the scholarship.

Applicant's Name (Please Print)

Applicant's Social Security Number

I authorize: \_\_\_\_\_ to release all necessary  
(Name of School you will attend next fall term)  
 information about my schooling to assist the Higher Education Coordinating Board in their administration of the American Indian Endowed Scholarship program. This includes all demographic, enrollment, academic transcript, and student aid information.

Applicant's Signature

Date

**SECTION VII: Certification by Institutional Academic Department Head or Advisor**

1. To the best of my knowledge, \_\_\_\_\_ is pursuing a program of study that leads to a(n)  
(Name of Student)  
 \_\_\_\_\_ degree/certificate in \_\_\_\_\_  
(type: AA, BA, BS, MA, MS, Ph.D., etc.) (field, program, or profession)

2. Is this student on-track to receive his/her degree/certificate by the expected completion date as noted on the first page of this application?  Yes  No (If "no," please explain):

3. Academic progress achieved by this student in his/her major area of study:  
 EXCEEDS expectations  MEETS expectations  DOES NOT MEET expectations

4. Other comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Department Head or Advisor Signature

Name, Title, and Department (please type or print)

Name of Institution

Institution Address

E-mail address

Phone

Date

( )

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 Higher Education Coordinating Board  
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 PO Box 43430, Olympia, WA 98504-3430 (if US Post Office)

**Questions?**

Contact: Ann M. Voyles, program manager  
 Phone: 360.753.7843; Fax 360.704.6243  
 E-mail: annv@hecb.wa.gov  
 or: aies@hecb.wa.gov