

# Seneca Nation of Indians Private School Scholarship Application Packet



An Initiative of the  
Seneca Nation of Indians Tribal Council  
And the  
Seneca Nation of Indians Department of Education

Application, Policies, and Procedures

## Scholarship Policy

The Seneca Nation of Indians recognizes that parents are primarily responsible for their children's education and that education is essential for the growth and progression of the tribe. To assist parents in determining the best educational opportunities for their children, "The Seneca Nation K-12 Private School Scholarship Program has been established beginning in FY 2005, to provide tuition assistance for parents to send their children to private or alternative schooling.

### I. ELIGIBILITY

A. Each student applicant **MUST**:

- Be an enrolled member of the Seneca Nation of Indians
- Comply with all rules and regulations that accompany funding sources.
- Maintain passing grade levels in their schools with an 80% average or better.
- Maintain permanent residency within the Seneca Nation Contract Health Service Delivery Area (SNCHSDA). The service area is defined as the counties of Allegany, Cattaraugus, Chautauqua, Erie and Niagara in New York, and Erie and Warren County in Pennsylvania.

### II. MANDATORY REQUIREMENTS

Failure to comply will result in funding being denied. There will be NO exceptions.

- A. All parents/students must complete a SNI K-12 Private School Scholarship Program Application and submit required documentation each academic year.
- B. Parents/Students must be in compliance with each financial funding source's regulations and submit a copy of their award or denial letter.
- C. Parents/Students must send updated transcripts or copies of grade reports and proof of registration to the SNI Education Department at the end of each term or marking period.
- D. Notify the SNI Education Department in writing of a change in student's enrollment status.
- E. The Seneca Nation of Indians is **NOT RESPONSIBLE** for student transportation. This responsibility remains with the parents.
  - Transportation stipends are available for families (funded by the Cattaraugus Territory) who reside more than 15 miles from their Child's institution. Address verification is required. \$350 per semester or twice a school year.
- F. Parents are responsible for arranging payment schedules with the school. SNI will pay by terms or marking period or in compliance with school policy. There will be no reimbursements.
- G. Application deadline will be adhered to. All applicants and supporting documentation must be received no later than 4:30 p.m. on June 30<sup>th</sup>.
- H. Also note that families living within 15 miles of their home school district are eligible for transportation from their school district. A letter of request needs to be submitted to your home school districts Superintendent by the close of business on April 1<sup>st</sup>.

### III. FUNDING ALLOCATIONS

Funding amounts have been established due to financial restraints. Amounts are based on :  
Completed applications, with full requirements (i.e. financial aid information etc...) will be processed first. Status of permanent residency within the service area. The service area is defined as the counties of Allegany, Cattaraugus, Chautauqua, Erie and Niagara in New York, and Erie and Warren County in Pennsylvania.

Payments will be issued by voucher at the end of each term or marking period or as required by school.

#### A. SNI AWARDS

Up to \$5,000 per academic year: awards are based on allowable expenses minus resources. Tuition, fees, room and board will be included in the award amount and shall be verified and distributed each term by the individual school's financial aid office. Funding is contingent on SNI Tribal Council funding and may be reduced and/or eliminated for any fiscal year.

#### B. WITHDRAWAL

Withdrawal from School: The student must notify the SNI Education Department in writing within 10 working days of withdrawal.

### VI. ACADEMIC PROBATION

A Grade Point Average (GPA) below an 80% or B average will result in a student being placed on Academic Probation for the next term, but still eligible for funding. The student must then achieve the minimum acceptable GPA, as stated above, in the next term or their funding will be denied for the following term. If a student is denied funding for academic reasons, the student may have funding restored when he/she submits proof of the minimum 80%/B average GPA.

#### A. ELIGIBILITY RESTORATION

The SNI Education Director can return Restoration of Eligibility or through formal action.

Process of Restoration:

1. The student must submit a written request for a review of eligibility to the Education Director.
2. The Education Director will review the request and render a decision.

Process for Appeal of Decision:

1. A request in writing to the Higher Education Committee must follow within 10 Business days of decision, only if the student does not agree with the Education Director's determination.
2. The hearing will take place within 10 business days upon receipt of the hearing request.

# Seneca Nation of Indians K-12 Private School Scholarship Program

## Application

Failure to complete all applicable data may result in the denial of your application.

### I. Personal Information

Student's Name: \_\_\_\_\_ SNI Enrollment Number: \_\_\_\_\_

SS #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cellphone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

Have you ever received the SNI K-12 Private School Scholarship? No \_\_\_\_\_ If yes, when? \_\_\_\_\_

Applying for year: 20 to 20 Term(s): Fall Winter Spring

Present Grade in School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

### II. Private School Information

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Website/E-mail Contact: \_\_\_\_\_

Name of Financial Aid Officer (FAO): \_\_\_\_\_

Telephone (FAO): \_\_\_\_\_ FAX: \_\_\_\_\_

### III. Required Documentation

#### New Applicants

1. Official SNI Tribal Certification
2. Transcript of Last School Attended
3. Personal Letter of Educational Goals from Student.
4. Letter of Acceptance from School
5. Release of Information
6. Letter of Reference (not a relative)
7. Class registration (schedule)
8. Letters of award/denial from scholarship sources (if any)
9. Status of Permanent Residency on Applicable Territory

#### Re- Applicants:

1. Release of Information
2. Completed Financial Aid Package Form (completed by the school)
3. Letters of award/denial from school scholarship sources
4. School Transcript
5. Class registration (schedule)
6. Letter of Acceptance or Reactivation if changing schools or returning to school after a period of absence.

The information I have given on this application is true and accurate to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Seneca Nation of Indians K-12 Private School Scholarship Program

## Financial Aid Form

### I. Student Information (Completed by Parent/Guardian)

Name: \_\_\_\_\_ SNI Enrollment #: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Applying for Year: \_\_\_\_\_ Applying for Term:  Fall  Winter  Spring  Summer

### II. Instructions for Financial Aid Officer

verified financial aid information is needed through your office for the above applicant/student.

1. The student **MUST** apply for other in-house scholarship sources (if any) or their application will not be processed.
2. Please fill in an amount for Room/Board, (if any) for students.
3. Please specify "other" grants, scholarships or awards.
4. Students are **NOT** mandated to apply for loans to receive SNI scholarship.
5. Notify our office of any revisions to their financial aid package.

### III. Financial Aid Information (completed by FAO)

Our School is on: Semester \_\_\_\_\_ Quarter \_\_\_\_\_ Trimester \_\_\_\_\_ Other \_\_\_\_\_

Budget Period: From: \_\_\_\_\_ To: \_\_\_\_\_ Which will start on: \_\_\_\_\_

The last day (date) of each semester/quarter:

Fall: \_\_\_\_\_ Winter: \_\_\_\_\_ Spring: \_\_\_\_\_ Summer: \_\_\_\_\_

#### Student Resources

Scholarship: \_\_\_\_\_

Aid Source: \_\_\_\_\_

Aid Source: \_\_\_\_\_

Aid Source: \_\_\_\_\_

Total Resources: \_\_\_\_\_

#### School Tuition/Fees

Tuition: \_\_\_\_\_

Fees: \_\_\_\_\_

Books/Supplies: \_\_\_\_\_

Room/Board: \_\_\_\_\_

Other: \_\_\_\_\_

Total Expenses: \_\_\_\_\_

We recommend that the SNI Department of Education K-12 Scholarship Program consider awarding this student: \$ \_\_\_\_\_ which represents their unmet scholarship need.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

School Address: \_\_\_\_\_

Please forward completed Financial Aid Form to:

Allegany Dept. of Education

PO Box 231 Salamanca, NY 14779

# Seneca Nation of Indians K-12 Private School Scholarship Program

## Release of Information

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ Central School District to release, provide and share information with the Seneca Nation of Indians Education Department and its program and services.

### School Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I acknowledge that I understand the purpose of the request and that authorization is hereby granted voluntarily. I further understand that this release is valid for the academic year in which it is signed. I also understand that I may cancel or revoke this authorization at any time in writing.

### Student Information

Student Name (Last, First, Middle): \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

### Requested Information or Documents:

<input type="checkbox"/>	Student academic report
<input type="checkbox"/>	Student attendance
<input type="checkbox"/>	Student discipline action
<input type="checkbox"/>	Other (explain in detail): _____

**By my signature below, I consent to the release of the above listed information/ documents.**

Printed Name of Parent/ Guardian: \_\_\_\_\_

Signature of Parent/ Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Academic Year: \_\_\_\_\_