



**Eight Northern Indian Pueblos Council, Inc.  
ENIPC Higher Education Scholarship**

P.O. Box 969 Ohkay Owingeh, NM 87566

Phone: 505.747.1593 ~ Fax: 505.747.1599

The Eight Northern Indian Pueblos Council Inc., Higher Education Scholarship is federal funding administered by ENIPC for three (3) of the eight northern pueblos. Students applying for this scholarship must be a tribal-enrolled member of either: Picuris Pueblo, Pojoaque Pueblo, or Tesuque Pueblo. Students must also be enrolled full-time and be an undergraduate.

There are **four (4) forms to complete** when applying for the ENIPC Higher Education Scholarship. These forms are: the **Application**, the **Statement of Privacy**, the **Tribal Enrollment Verification** (which requires official Tribal certification), and the **Financial Needs Analysis** (which must be completed by the student's education institution). **Please note:** If the student has previously submitted a completed Tribal Enrollment Verification form, a second will not be required.

Students are also required to apply for **two (2) additional scholarships** (verification of this can be established by submitting a copy of each completed application). An **Official Transcript**, including a **class schedule** for the applicant term is also required, failure to submit Official Transcripts may jeopardize the applicant's scholarship eligibility for the next term.

**The deadline date to turn in your Application for the  
FALL and SPRING Semesters is before the last Monday in July**

Any questions can be referred to:  
Jolene Nelson  
Higher Education Interim Director  
505.747.1593 work  
505.901.3506 cell  
jnelson@enipc.org



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Pueblos served: Picuris, Pojoaque, and Tesuque

### **Required Supporting Documents: (along with the Application the following are required):**

- Admission Letter from educational institution
- Financial Aid Award Letter
- Class Schedule
- Certificate of Tribal Membership
- Official Transcript (From last school attended)
- Financial Needs Analysis (Enclosed in application packet)
- Statement of Privacy (Enclosed in application packet)
- Two (2) additional required scholarships

Payments will be made to the Educational Institution the student is attending

Any questions can be referred to:  
Jolene Nelson  
505.747.1593 work  
505.901.3506 cell  
[jnelson@enipc.org](mailto:jnelson@enipc.org)

Revised October 2014



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**DEADLINE DATE:** For FALL & SPRING Semesters is before the last Monday in July

## APPLICATION

**Student's Name:** \_\_\_\_\_ **Student ID #:** \_\_\_\_\_

Social Security #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Street or P.O. Box City State ZIP

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

Street or P.O. Box City State ZIP

Contact Phone: \_\_\_\_\_ Pueblo Enrolled: \_\_\_\_\_

Male:  Female:  Birth Date: \_\_\_/\_\_\_/\_\_\_ Single:  Married:  #Dependents: \_\_\_\_\_

Selective Service Registration: Y/ N Veteran: Y/ N

High School Graduated From: \_\_\_\_\_ Date: \_\_\_\_\_

**College/University Attending:** \_\_\_\_\_

Major: \_\_\_\_\_ Minor, If Any: \_\_\_\_\_ City State

**College Status:** \_\_\_\_\_ **Applying For:** \_\_\_\_\_ **School Calendar:** \_\_\_\_\_

Freshman \_\_\_\_\_ Fall 20\_\_ & Semesters \_\_\_\_\_

Sophomore \_\_\_\_\_ Spring 20\_\_ Quarters \_\_\_\_\_

Junior \_\_\_\_\_ Trimesters \_\_\_\_\_

Senior \_\_\_\_\_

Parent's Signature (if student is under 18): \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: You must complete the FAFSA and be a full-time student.**

OFFICIAL USE ONLY	
_____ ENIPC Staff	_____ Date Accepted/Approved





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### **STATEMENT OF PRIVACY**

The Privacy Act of 1974 requires each Federal Agency that maintains a system of information on individuals to inform those individuals as to:

- a. the authority which authorizes the solicitation of the information and if disclosure of such information is mandatory or voluntary;
- b. the principal purpose or purposes for which the information is intended to be used; and
- c. the routine uses which may be made of the information.

The Bureau of Indian Affairs Higher Education Assistance Program operates under the general authority of 24 USC Chapter 13, 42 Stat. 208 P.L. 67-85 with specific legislation contained in 25 USC, Subchapter E, Part 32, Administration of Education Loans, Grants and Other Assistance for Higher Education. In accordance with the accountability required for the administration of the funds appropriated for the program and in order to provide services to recipients and to declare eligibility, certain information is required of applicants. This form solicits the required information. Personal data will be made available to authorized users upon request. The applicant should understand that the intent in collecting and maintaining this data on individuals is to determine eligibility of the applicant and to provide the means for producing certain statistical records required of this office. Failure on the part of the applicant to provide the requested information will make the applicant ineligible to receive higher education assistance under this program.

### **APPLICATION CERTIFICATION**

I certify that the information in this application is true and complete to the best of my knowledge. I am aware that any misrepresentation on this application will be grounds for dismissal from the program and/or for prosecution under federal law. By signing this application I authorize the Education Institution I am currently attending to release grades, attendance, financial aid, and any other information to ENIPC Higher Education Program and/or the Training Program. The disclosure of the above requested information by the applicant is voluntary but required to obtain benefits. Failure to provide requested information may result in delay of funds.

**I have read this Statement of Privacy. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in this statement.**

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**Applicant's Signature**

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**Date**



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**CERTIFICATE OF TRIBAL MEMBERSHIP**

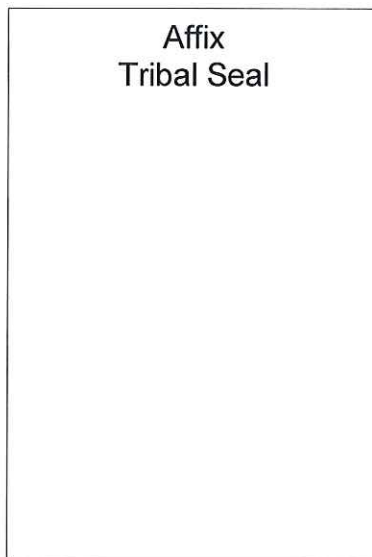
I hereby verify that \_\_\_\_\_

is a recognized member of the \_\_\_\_\_ Pueblo and is eligible for all educational benefits through the ENIPC Higher Education/Adult Vocational Training Program(s).

The applicant named above is known to me to be the son or daughter of \_\_\_\_\_

The applicant's date of birth is \_\_\_\_\_

MM / DD / YYYY



Signed by: \_\_\_\_\_

Governor / Tribal Official

\_\_\_\_\_  
Print Name / Leadership Title

\_\_\_\_\_  
Pueblo

\_\_\_\_\_  
Date