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 or any of the above, may jeopardize the applicant’s scholarship eligibility.

**The deadline date to turn in your Application for the FALL and SPRING Semesters is the last Thursday in July by 5:00 pm (Postmarked, Emailed, Faxed, or Hand-delivered due by 5:00 pm)**

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

Revised March 2019
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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

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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: ____________________________
                              City          State

Major: ____________________________  Minor, If Any: __________________________

College Status: Applying For: School Calendar:
Freshman _____  Fall 20__ &  Semesters ___
Sophomore _____  Spring 20__  Quarters ___
Junior _____
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.
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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.

____________________________________  __________________________
Applicant's Signature  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

Revised March 2019
EIGHT NORTHERN INDIAN PUEBLOS COUNCIL, INC.
Higher Education Scholarship
FAX To: 505.747.1599 ATTN: Jolene Nelson
P.O. Box 969 Ohkay Owingeh, NM 87566 or jnelson@enipc.org

FINANCIAL NEEDS ANALYSIS

STUDENT: Complete Part A and Turn into your Financial Aid office at your College or University
You are required to apply for all forms of financial aid at your College or University and two (2) scholarships
from other sources, in addition to the ENIPC Scholarship Grant Program

****** PART A ******

Name: ___________________________ Student ID: ___________________________
Address: ___________________________
Street/Box: ___________________________ City: __________ State: _______ Zip Code: __________
Marital Status: __________ #Dependents: __________ Email: ___________________________
University/College: ___________________________ Major: ___________________________
School Year 20__ - 20__ Check One: FR__ SOPH JR__ SR__

****** PART B ******

TO BE COMPLETED BY THE FINANCIAL AID OFFICER

Financial Aid requested will cover expenses for the period:

__________________________ to ___________________________
Month Year Month Year

School Calendar: Semesters____ Quarters____ Trimester____

We have extended the following financial aid to this student:

EXPENSES  RESOURCES
Tuition/Fees: _______________ PELL: _______________ Veterans Benefits: _______________
Room/Board: _______________ SEOG: _______________ Personal/Summer/Spouse: _______________
Transportation: _______________ NDSL: _______________ Scholarship: _______________
Child Allowance: _______________ SSIG: _______________ OTHER: _______________
OTHER: _______________

TOTAL EXPENSES: _______________ TOTAL RESOURCES: _______________

Recommended funding from ENIPC $_____________ (expenses minus resources)

I hereby certify that the above individual has applied for and been considered for both
Federal and Campus based aid.

Financial Aid Officer ___________________________ Institution Name, Address, & Phone Numbe: ___________________________
Date ___________________________