



OFFICE of the GOVERNOR

JOHN BEL EDWARDS

Louisiana Governor's Office of Indian Affairs  
2020 Scholarship Application

Application Check List

The application must be received or postmarked by **July 17, 2020** (see Section VIII "Submission of Application" information).

**Applicant Name:** \_\_\_\_\_

**Applicant Check List:**

- \_\_\_\_\_ Application completed and signed (signature page 7)  
\_\_\_\_\_ Tribal Enrollment Verification (Copy of ID card or letter from the tribal chairperson.)

**Verification of Income:** (Only one form of verification is required)

- \_\_\_\_\_ **Signed** copy of Tax Form 1040 (include only 1040 pages with name, AGI, dependents, etc.)
- Schedule forms and addendums not required
  - If you are listed as dependent for someone else, include a **signed** copy of that person's 1040 along with yours. *(Omitting Form 1040 pages and/or the original signature(s) will cause the application to be incomplete and disqualified.)*
- \_\_\_\_\_ Copy of financial aid application (Detailed Online FAFSA Printout)  
*(Omitting detailed information including income will cause the application to be disqualified).*
- \_\_\_\_\_ Copy of SSI or SSDI verification of income  
\_\_\_\_\_ Copy of SNAP verification of income

**Other Items:**

- \_\_\_\_\_ Copy of most recent transcript (if first semester college student, include high school transcript) and most recent college grade report. *(Omitting grade reports and transcripts will cause the application to be disqualified).*
- \_\_\_\_\_ Short Explanation in Section VI (**Question 6 – copy of vehicle registration for American Indian license Plate.**)

**For Previous Recipients:**

\_\_\_\_\_ Year(s) awarded the Indian Affairs Scholarship: \_\_\_\_\_

**For New Applicants:**

- \_\_\_\_\_ College acceptance letter (if just entering college)  
(Printout of fee bill or registered courses accepted for returning students)

**PLEASE REVIEW PACKET  
INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED**

APPLICANT NAME: \_\_\_\_\_



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**Louisiana Governor's Office of Indian Affairs  
2020 Scholarship Application**

The Governor's Office of Indian Affairs provides supplemental scholarships to American Indian students from Louisiana tribes listed below. The scholarship is funded through the sale and renewal of the American Indian license plates.

Supplemental monies are sent directly to the college/university/institute of American Indian students who are enrolled citizens of one of the following Louisiana tribes and/or groups:

- |  |   |
|--|---|
| 1) Adais Caddo Tribe<br>Robeline, LA           | 2) Chitimacha Tribe<br>Charenton, LA                  |
| 3) Choctaw-Apache Tribe of Ebarb<br>Zwolle, LA | 4) Clifton Choctaw<br>Clifton, LA                     |
| 5) Coushatta Tribe<br>Elton, LA                | 6) Four Winds Cherokee<br>Leesville, LA               |
| 7) Jena Band of Choctaw<br>Jena, LA            | 8) Louisiana Band of Choctaw<br>Greenwell Springs, LA |
| 9) United Houma Nation<br>Golden Meadow, LA    | 10) Biloxi Chitimacha Conf. Muskogee<br>Houma, LA     |
| 11) Pointe-Au-Chien Tribe<br>Montegut, LA      | 12) Talamali Band of Apalachee<br>Libuse, LA          |
| 13) Tunica-Biloxi Tribe<br>Marksville, LA      | 14) Natchitoches Tribe of Louisiana<br>Campti, LA     |

Applications will be reviewed on a competitive basis and selections will be based on the following criteria:

Heritage: Parent(s) from a Louisiana Tribe listed above.

Father's name: \_\_\_\_\_

Name of Tribe & Number: \_\_\_\_\_

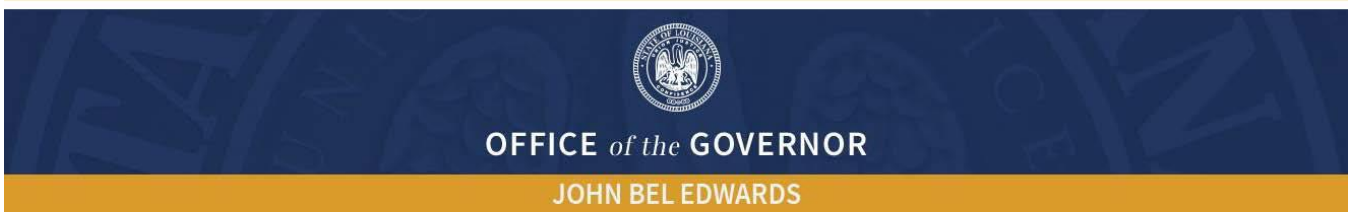
Mother's name: \_\_\_\_\_

Name of Tribe & Number: \_\_\_\_\_

**Financial Need:** Includes the number of family members, family income, background and economic status of the family and the cost of attending the institution.

**Short Essays:** Essay questions must be answered in complete, well-developed paragraphs and numbered accordingly.

APPLICANT NAME: \_\_\_\_\_



(Please type or print the information below)

This is the application for the scholarship administered through the Governor’s Office of Indian Affairs. Please complete the application as it pertains to you. Your application will be disqualified if the application is incomplete or if any of the applicable items listed below are not included.

I. PERSONAL INFORMATION

Applicant (Last name, First name, Middle Initial)

Date of application

Mailing address (Street/Box No., City/Town, State, Zip)

Email Address

Phone number

Alternate Phone number

Date of birth

Social Security No.

Name of Tribe & number

Marital Status

Can someone claim you as a dependent?

II. PERSONAL FINANCIAL INFORMATION (Tax Form 1040 - If you are claimed as a dependent of someone else, **INCLUDE** that person’s **SIGNED** 1040 along with your **SIGNED** Tax Form 1040. **OMITTING THIS WILL CAUSE APPLICATION TO BE INCOMPLETE AND DISQUALIFIED.**)

A. INCOME

Please list last year’s income for yourself as an applicant. If you are claimed as a dependent, please list that person’s income.

Applicant \_\_\_\_\_

Other \_\_\_\_\_

Are there any expected changes of income from previous year for this year? Please explain.

APPLICANT NAME: \_\_\_\_\_

**B. BASIC EXPENSES PER YEAR FOR FAMILY AS LISTED ABOVE (Jan – Dec);**

Rent/Mortgage \_\_\_\_\_

Utilities \_\_\_\_\_

Clothing \_\_\_\_\_

Medical/Dental \_\_\_\_\_

Child Care \_\_\_\_\_

Transportation \_\_\_\_\_

Special Needs or disability expense \_\_\_\_\_

Other, specify \_\_\_\_\_

TOTAL \_\_\_\_\_

**III. ACADEMIC INFORMATION**

**(Attach transcript, letter of acceptance, up-coming class schedule.)**

<b>High School &amp; Post-secondary attendance (Name &amp; Address)</b>	<b>Dates Attended</b>	<b>Degree</b>	<b>Date of Graduation</b>	<b>Cumulative GPA</b>

APPLICANT NAME: \_\_\_\_\_

**IV. ACADEMIC FINANCIAL INFORMATION (Attach financial aid form – online FASFA printout including income information or other outside financial aid documentation).**

**A. GENERAL INFORMATION**

Entering Freshman: Yes \_\_\_ No \_\_\_ If no, Classification: \_\_\_\_\_

Status: Full-Time \_\_\_ Part-Time \_\_\_

Living: Campus Housing \_\_\_ Off Campus Housing \_\_\_

**B. COSTS**

Budget period: \_\_\_\_\_ to \_\_\_\_\_

**STUDENT SEMESTER BUDGET:**

Tuition and Fees: \$ \_\_\_\_\_

Room and Board: \$ \_\_\_\_\_

Books: \$ \_\_\_\_\_

Transportation: \$ \_\_\_\_\_

Miscellaneous: \$ \_\_\_\_\_

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

Total College Aid: \$ \_\_\_\_\_

Total Unmet Need: \$ \_\_\_\_\_

**STUDENT SEMESTER RESOURCES:**

Student Contribution: \$ \_\_\_\_\_

Spouse Contribution: \$ \_\_\_\_\_

Parent Contribution: \$ \_\_\_\_\_

Social Security: \$ \_\_\_\_\_

SSI or SSDI: \$ \_\_\_\_\_

VA Benefits: \$ \_\_\_\_\_

Other assistance you have sought:	Did you receive funding?	If yes, amount.

APPLICANT NAME: \_\_\_\_\_

V. EDUCATION INFORMATION

APPLICANT'S EDUCATION LEVEL:

\_\_\_\_\_ GED Year Obtained \_\_\_\_\_  
\_\_\_\_\_ High School Diploma Year Obtained \_\_\_\_\_  
\_\_\_\_\_ Attended College? How many semesters? \_\_\_\_\_ Last Attended \_\_\_\_\_  
\_\_\_\_\_ Associate Degree Year Obtained \_\_\_\_\_  
\_\_\_\_\_ Bachelor Degree Year Obtained \_\_\_\_\_

FATHER'S EDUCATION LEVEL:

\_\_\_\_\_ GED  
\_\_\_\_\_ High School Diploma  
\_\_\_\_\_ Associate Degree  
\_\_\_\_\_ Bachelor Degree or higher  
\_\_\_\_\_ None of the above

MOTHER'S EDUCATION LEVEL:

\_\_\_\_\_ GED  
\_\_\_\_\_ High School Diploma  
\_\_\_\_\_ Associate Degree  
\_\_\_\_\_ Bachelor Degree or higher  
\_\_\_\_\_ None of the above

COLLEGE/UNIVERSITY THAT YOU WILL BE ATTENDING THIS SEMESTER:

Name of Institution: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

MAJOR: \_\_\_\_\_

**As a reminder, if you are currently enrolled in a college/university, a transcript must accompany this application.**

APPLICANT NAME: \_\_\_\_\_

**VI. SHORT EXPLANATION:** Answer each question in a complete, well-developed paragraph. **Answers must be typed and numbered accordingly.**

1. Explain your family heritage from your American Indian blood line.
2. Explain your tribe's history: (a) include the governing body of your tribe (b) it's culture (c) your tribal involvement/personal participation in tribal activities.
3. What academic achievements have you accomplished; (a) such as grade point average (b) honors or awards; which indicate responsible, thoughtful commitment to studies?
4. Explain your involvement in any special activities or programs during and after school. These may include involvement in a variety of interests as well as commitments to your tribe, local community, or social/service organizations to which you belong.
5. Explain your unmet financial needs and how this scholarship will benefit in pursuing your studies or training.
6. Do you and your family support the funding for this American Indian scholarship through the purchase of the American Indian license plate? If so, state relationship to you: self, parents, grandparents, etc. **Attach a copy of the vehicle registration(s).**

## VII. CERTIFICATION

I certify to the best of my knowledge that the information contained in this application is correct and accurate.

\_\_\_\_\_/\_\_\_\_\_  
Applicant Signature/Date

## VIII. SUBMISSION OF APPLICATION

Please send completed application and mail to:

**Office of Indian Affairs**  
Office of the Governor  
900 3rd Street, Room 619  
Baton Rouge, LA 70802  
Application must be postmarked by **July 17, 2020.**