



OFFICE of the GOVERNOR

JOHN BEL EDWARDS

Louisiana Governor's Office of Indian Affairs
2021 Scholarship Application

Application Check List

The application must be received or postmarked by **July 14, 2021** (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. For security purposes only include **last 4 of S/S. Redact** any that are shown on verification forms.

- **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: _____

New Applicants:

_____ College acceptance letter (if just entering college)

Returning Applicants:

_____ Printout of fee bill or registered courses accepted

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

APPLICANT NAME: _____



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**Louisiana Governor's Office of Indian Affairs
2021 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
Robeline, LA | 2) Chitimacha Tribe
Charenton, LA |
| 3) Choctaw-Apache Tribe of Ebarb
Zwolle, LA | 4) Clifton Choctaw
Clifton, LA |
| 5) Coushatta Tribe
Elton, LA | 6) Four Winds Cherokee
Leesville, LA |
| 7) Jena Band of Choctaw
Jena, LA | 8) Louisiana Band of Choctaw
Greenwell Springs, LA |
| 9) United Houma Nation
Golden Meadow, LA | 10) Biloxi Chitimacha Conf. Muskogee
Houma, LA |
| 11) Pointe-Au-Chien Tribe
Montegut, LA | 12) Talamali Band of Apalachee
Libuse, LA |
| 13) Tunica-Biloxi Tribe
Marksville, LA | 14) Natchitoches Tribe of Louisiana
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	Last 4 of 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.)

High School & Post-secondary attendance (Name & Address)	Dates Attended	Degree	Date of Graduation	Cumulative GPA

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:

STUDENT SEMESTER RESOURCES:

Tuition and Fees: \$ _____

Student Contribution: \$ _____

Room and Board: \$ _____

Spouse Contribution: \$ _____

Books: \$ _____

Parent Contribution: \$ _____

Transportation: \$ _____

Social Security: \$ _____

Miscellaneous: \$ _____

SSI or SSDI: \$ _____

Total Expenses: \$ _____

VA Benefits: \$ _____

Total College Aid: \$ _____

Total Unmet Need: \$ _____

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 14, 2021.**