San Manuel Band of Mission Indians

Team Member Dependent Scholarship Fund

Application Form

Application Deadline: Friday, November 18, 2022

Email application packet to SMBMI@iegives.org

PLEASE PRINT OR TYPE

I. APPLICANT INFORMATION:

I am the dependent child of a team member who is employeed through (select one):

◯ **San Manuel Band of Mission Indians** ◯ **Yaamava' Resort & Casino** ◯ **Bear Springs Hotel**

Name: _____ _____ _____
Last First Middle

Address: _____ _____ _____ _____ _____
Number Street Apt. City State Zip Code

Email: _____

Home Phone: _____ Cell Phone: _____

☐ I am a member of a federally recognized Native American Tribe

Tribe Name: _____

Enrollment Number: _____

II. EDUCATION INFORMATION:

(A transcript or GED certificate needs to be included with completed application. An unofficial high school or college transcript is also acceptable.)

I am currently enrolled in (check <u>one if applicable</u>):

☐ **High School/Accepted to College**

High School Name: _____ Graduation Date: _____

Address: _____ GPA (weighted): _____

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☐ **University/College**

Name of School: _____ Expected Graduation Date: _____

Address: _____ GPA (weighted): _____

I plan to attend (please check one):

☐ **Vocational/Trade School** (attach letter of acceptance/proof of enrollment)

Name of School: _____

Address: _____

Name of Vocation/Trade Program: _____

Length of Vocation/Trade: _____

☐ **Community College** (attach letter of acceptance/proof of enrollment)

Name of School: _____

Address: _____

☐ **University/College** (attach letter of acceptance/proof of enrollment)

Name of School: _____

Address: _____

☐ **Graduate School** (attach letter of acceptance/proof of enrollment)

Name of School: _____

Address: _____

Annual College Cost (tuition, fees, books etc.): _____

III. FINANCIAL INFORMATION:

(Must complete a Federal Student Aid application and submit a copy of the page, along with the application from the Student Aid Report that indicates your Estimated Family Income Contribution.)

Did you complete the Free Application for Federal Student Aid (FAFSA)? ◯ **Yes** ◯ **No**

What is your Estimated Family Contribution as determined by the Student Aid Report? _____

IV. STUDENT EMPLOYMENT INFORMATION:

Do you intend to work while attending college? ◯ **Yes** ◯ **No**

Present Employer (if any): _____

Name: _____

Address: _____

Nature of Work: _____ Hours Worked per Week: _____

V. LETTERS OF RECOMMENDATION:

(Please submit two (2) professional letters of recommendation from individuals other than family members.)

VI. ESSAY:

(Write and submit a 200-word (minimum) essay based on the following prompt: "*Please explain why you should be selected as a recipient of this scholarship and how it will help you.*")

VII. TEAM MEMBER VERIFICATION:

Name: _____
Last First Middle

Team Member File Number: _____ Department: _____

Has the team member successfully completed 90 days of employment? ◯ **Yes** ◯ **No**

VIII. APPLICANT VERIFICATION

I certify that the information provided in this application and attachments is complete and accurate to the best of my knowledge. I understand that the contents of this application will be shared with appropriate review/approval committees. If I am awarded a scholarship, it will be used solely to support educational purposes and that information about me may be released for publicity purposes.

Print Applicant Name:

_____

Print Guardian Name:

_____
(If under 18 years old)

Applicant Signature:

_____ **Date:** _____

Guardian Signature:

_____ **Date:** _____
(If under 18 years old)

Application Package Checklist

Please be sure to include all of the following in your package:

- ☐ Scholarship application form
- ☐ Transcript, copy of High School Diploma, or GED Certificate (proof of high school graduation) for high school senior applicants
- ☐ Letter of acceptance/proof of enrollment for a vocational school, college/university, community college/ or graduate school
- ☐ Copy of the Student Aid Report (SAR) that indicates the Estimated Family Contribution (EFC)
- ☐ Two (2) professional letters of recommendation for dependent children OR one (1) for team member – *First time applicants only*
- ☐ 200-word essay responding to the prompt "Please explain why you should be selected as the recipient of this scholarship and how it will help you."