San Manuel Band of Mission Indians Team Member Dependent Scholarship Fund

Application Form



Application Deadline Extended: Friday April 26, 2024 Email application packet to SMBMI@iegives.org PLEASE PRINT OR TYPE

While meeting the eligibility criteria for the scholarship is a necessary condition, it does not guarantee selection. Additionally, individuals who have received scholarship funding within the last 24 months are not eligible to apply.

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

I. APPLICANT INFORMATION:

San Mar	nuel Band of M	ission Indians	Yaamava'	Resort & Casino	Be	ear Springs Hotel
Name:						
Address:	Last		First		Middle	
Audress	Number	Street	Apt.	City	State	Zip Code
Email:					-	
Home Phor	ne:	(Cell Phone:			
l am a m	nember of a fed	lerally recognized	Native America	an Tribe		
Tribe Na	me:					
Enrollm	ent 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:

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:	
Vocational/Trade School (attach lette	r of acceptance/proof of enrollment)
Name of School:	
Address:	
Name of Vocation/Trade Program:	
Length of Vocation/Trade:	
Community College (attach letter of a	acceptance/proof of enrollment)
Name of School:	
Address:	
University/College (attach letter of acc	ceptance/proof of enrollment)
Name of School:	
Address:	
Graduate School (attach letter of acce	eptance/proof of enrollment)
Name of School:	
Address:	
Annual College Cost (tuition, fees, boo	ks 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 Applicatior	n for Federal Stud	dent Aid (FAFSA)?	Yes	No
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What is your Estimated Family Contribution as determined by the Student Aid Report?





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IV. STUDENT EMPLOYMENT INFORMATION:

Do you intend to work while attending college?	Yes	Νο
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. VOLUNTEER/COMMUNITY SUPPORT ACTIVITY

(List volunteer activities during the 2022-2023 academic year. A minimum of 20 volunteer hours is required.)

Organization:	Number of Hours:
Organization:	Number of Hours:
Organization:	Number of Hours:
Organization:	Number of Hours:

VII. 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.")

VIII. TEAM MEMBER VERIFICATION:

Name:			
Last	First	Middle	
Team Member File Number: _	Department:		
Has the team member success	fully completed 90 days of employment?	Yes	No





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IX. 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.

rint Applicant Name:	Print Guardian Name: (If under 18 years old)		
pplicant Signature:	Guardian Signature: (If under 18 years old)		
Date:	Date:		
Application Package Che	ecklist		
Please be sure to include all of the following in you Scholarship application form	ur package:		
Transcript, copy of High School Dipl	 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 (SA (EFC)	R) that indicates the Estimated Family Contribution		
Two (2) professional letters of recom	nmendation		
200-word essay responding to the p the recipient of this scholarship and	prompt "Please explain why you should be selected as d how it will help you."		



