

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. APPLICANT INFORMATION:

I am the dependent of a team member who is employed 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:

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 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? _____

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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.

Print Applicant Name:

Print Guardian Name:

(If under 18 years old)

Applicant Signature:

Guardian Signature:

(If under 18 years old)

Date:

Date:

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
- 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."