Higher Education Assistance - Assistance for tuition/fees, books/supplies and transportation costs for students attending a University or Community College which will result in the completion of an accredited undergraduate or graduate degree program.

Eligibility for Higher Education Assistance Program:

1. Must be an enrolled tribal member.
2. Must keep a GPA of 2.0 or higher.
3. Applicant must be in good standing with the tribe.

Financial Assistance:

Tuition per semester – University $5,000.00, Community $2,500.00.

Books & Supplies per semester – University $1,000, Community $500.00. (Students turn in receipts and the tribe will reimburse).

Monthly Transportation Assistance - $100.00 full time student, $50.00 part time student

Documentation Needed:

-Enterprise Rancheria Higher Education Application – Each Academic Year

-Current College Transcripts – Each Semester

-Financial Aid Review Form (to be filled out by the school) – Each Academic Year

-CURRENT SEMESTER REGISTRATION/TUITION FEES- Each Semester

-Copy of Financial Award or Denial Letter - Each Academic Year

-Copy of Current Class Schedule- Each Semester

If the documentation is not attached, we will not be able to process your assistance.
Higher Education Assistance Program

Name: ____________________________________________

Address: ________________________________________

City: _______________ State _______ Zip __________

Phone: __________________

Date Of Birth: _________ Enrollment #: __________________

Application Request: 20____ to 20____ _______ Full-time _______ Part-time

_____ Academic Year _____ Spring Only _____ Fall Only _____ Summer

Name & Address of College Selected:____________________________________

College Major: ____________________________ Expected Graduation Date:_________

Expected Degree: □ AA □ BA □ BS □ MA □ Other: _______________________________

Year in College: □ Freshman □ Sophomore □ Junior □ Senior Graduate

I will Live: □ On Campus □ Off Campus □ With Parents

Applicant's Signature ____________________________ Date __________
Financial Aid Review Form

TO BE FILLED OUT BY THE SCHOOLS FINANCIAL AID ADVISOR

Name: ____________________________  Student ID.#: ____________________

Address: __________________________ City: _________ State: _______ Zip: ________

School year: 20__ to 20__

School Expenses:  

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees</td>
<td>$______</td>
</tr>
<tr>
<td>Books &amp; Supplies</td>
<td>$______</td>
</tr>
<tr>
<td>Room &amp; Board</td>
<td>$______</td>
</tr>
<tr>
<td>Personal &amp; Child Care</td>
<td>$______</td>
</tr>
<tr>
<td>Transportation</td>
<td>$______</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>$______</td>
</tr>
</tbody>
</table>

Total Expenses: $____________

Resources:  

<table>
<thead>
<tr>
<th>Resource</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student contribution</td>
<td>$______</td>
</tr>
<tr>
<td>Parent contribution</td>
<td>$______</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>$______</td>
</tr>
</tbody>
</table>

Total Resources: $____________

We have made the following awards:

<table>
<thead>
<tr>
<th>Award</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Pell</td>
<td>$______</td>
</tr>
<tr>
<td>SEOG</td>
<td>$______</td>
</tr>
<tr>
<td>SSIG</td>
<td>$______</td>
</tr>
<tr>
<td>Work Study</td>
<td>$______</td>
</tr>
<tr>
<td>Perkins Loan</td>
<td>$______</td>
</tr>
<tr>
<td>Tuition Grant</td>
<td>$______</td>
</tr>
<tr>
<td>Federal Stafford Loan</td>
<td>$______</td>
</tr>
<tr>
<td>Fed Un-Subsidized Loan</td>
<td>$______</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>$______</td>
</tr>
</tbody>
</table>

Total Awards: $____________

Recommended Tribal Award:  

(20__) Fall $__________  (20__) Winter $__________

(20__) Spring $__________  (20__) Summer $__________

Signature: ____________________________  Date: ____________________

Financial Aid Officer  

Print: ____________________________  Phone: ____________________

Financial Aid Officer  

Name and Address of Institution: ____________________________________________

________________________________________

Please return to:  

Enterprise Rancheria  

2133 Monte Vista Ave., Oroville, CA 95966  
Ph: 530-532-9214  Fax: 530-871-6655
Educational Goals

Briefly describe your educational goals and what plans you have for your education:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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