

Yuhaaviatam Native American Student Development Endowment Grant Application 2019-2020

Please print legibly.

The Office of Native American Initiatives (ONAI) offers emergency funds to assist NAU Native American students with unexpected emergency educational expenses. The grant is only **awarded on a contingency basis**. Student must be enrolled in classes, be in good academic and financial aid SAP standing, and enrolled in a federally recognized tribe. You will be contacted within 5 business days after you have submitted a complete application to arrange an interview with NACC staff.

The student must attach the following 5 documents (omission may delay application processing):

- ☐ Class schedule for current term (printed from LOUIE)
- ☐ Typed invoice listing expense costs OR a LOUIE account charges page
- ☐ Copy of LOUIE page with financial aid summary listing award(s)
- ☐ Tribal enrollment verification (copy of CIB, membership card, etc.)
- ☐ Letter explaining special circumstances for funding request emailed to: Ora.Marek-Martinez@nau.edu
- ☐ IF INSTRUCTED by ONAI, complete and sign a W-9 form (required per NAU Foundation Office)
- ☐ IF INSTRUCTED by ONAI, complete a letter of appreciation to funding source (templates available)

PERSONAL DATA:

Full Name: _____ NAU ID: _____
Local Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
E-mail: _____@nau.edu Year: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate
Major: _____ NAU Cum GPA: _____
Marital Status: _____ No. of Dependents: _____ Tribal Affiliation: _____
Hometown: _____ First time applicant? ☐ Yes ☐ No

EMERGENCY NEED:

Please indicate the type of emergency assistance you need and amount:

- | | |
|---|----------|
| <input type="checkbox"/> tuition (for NAU class(es)/fees | \$ _____ |
| <input type="checkbox"/> transportation | \$ _____ |
| <input type="checkbox"/> housing / rent / utilities | \$ _____ |
| <input type="checkbox"/> food | \$ _____ |
| <input type="checkbox"/> health (medical, dental, vision, etc.) | \$ _____ |
| <input type="checkbox"/> textbooks and/or supplies | \$ _____ |
| <input type="checkbox"/> Other: _____ | \$ _____ |

REMAINING NEED:

\$ _____
(found on your LOUIE account)

I agree that the above information is correct to the best of my knowledge and I have attached the required documents. I have also used all of my financial resources including Direct Loans and I give ONAI permission to contact the NAU Office of Scholarship and Financial Aid regarding my financial aid account.

STUDENT SIGNATURE: _____ **Date:** _____

ONAI OFFICE USE ONLY

Date Received: _____ Received by: _____ Application Complete: ☐ Yes ☐ No

Yuhaaviatam Native American Student Development Endowment Grant Information

Date Packet Rec'd: _____ Rec'd By: _____ Amount Awarded: \$ _____

STEP 1: Review & Verification of application packet

Student Name: _____ Date Reviewed: _____

Academic Standing (circle one): ☐ Good ☐ Probation ☐ Suspended ☐ No Standing

Current Term GPA: _____ CUM GPA: _____ Transfer CGPA: _____

Semester Assistance Requested: ☐ Fall 20____ ☐ Spring 20____ ☐ Summer 20____

Year: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate student

Additional Comments: _____

Are all documents attached (see front sheet): ☐ Yes ☐ No

Financial Aid Verification:

Total Awarded to Student: \$ _____ Disbursement: \$ _____ Remaining Need: \$ _____

Loans Available: Subsidized \$ _____ Unsubsidized \$ _____ Parent Plus \$ _____

Comments: _____

STEP 2: Applicant Interview

1st Interview Date & Time: _____

Other type of aid sought: _____

2nd Interview Date & Time: _____

Outcome of other aid sought: _____

STEP 3: Final Decision

☐ Amount approved: \$ _____ Expense type: ☐ Tuition/fees ☐ Transportation ☐ Housing
☐ Dining Dollars ☐ Health ☐ Textbooks ☐ Class supplies ☐ Misc. _____

Comment: _____

Account Charged: ☐ _____ (NAU Foundation, Mary Kate x3984)

☐ Check Request & Documentation(scan & make copies for ONAI files) sent to Mary Kate: Date Sent _____

☐ Transfer of funds to: _____

☐ IDB to: _____

☐ Charged to ONAI Purchasing Card (print & save copy of receipt): _____

☐ Payment made to student or other vendor: Name _____

☐ Co-share or confirm w/OISS (Sharon x6960): \$ _____

☐ Not Approved due to: ☐ Has no remaining need ☐ Expense not eligible ☐ Previous recipient

☐ Referred to other resource _____

Comment: _____

☐ Student withdrew application (date & Reason): _____

STEP 4: ONAI staff member to complete.

☐ Scan and copy of signed check for ONAI Records?

☐ Successfully completed semester? ☐ Yes ☐ No

☐ Thank You Letter submitted by student? ☐ Yes ☐ No Date Sent: _____

☐ Attach a copy of receipt to confirm expenses paid by student

☐ Hold placed on account due to non-fulfillment of program requirement: Staff initial: _____

☐ Date Hold Removed _____ Staff initial: _____ Comment: _____