

**-2025 New Applicant- \$10,000 San Xavier District Scholarship****List of Documents Needed to Complete Your File**

- ✓ **Application:**  
DEADLINE! You must submit the application by **Friday, July 11, 2025**
- ✓ **Financial Needs Analysis (FNA):**  
This document is a form in your packet that you need to complete (top portion). Your financial aid officer will fill out the bottom portion of your form. This form will not be completed until you have applied for Pell (FAFSA). Check with your financial aid office to make sure you have a complete file.  
San Xavier Education Center- 2018 W. San Xavier Road- Tucson, AZ 85746  
Office: 520.807.8620- Fax: 520.807.8689- Email: [rcarlyle@waknet.org](mailto:rcarlyle@waknet.org)
- ✓ **Agreement:**  
Signed agreement from recipient (you).
- ✓ **Tribal Enrollment:**  
Contact the San Xavier Education Center at (520) 807-8620 to request verification (If needed).
- ✓ **Official Transcripts:**  
Request an official transcript from the previous school you attended. An Official transcript must be mailed directly to the Education center. This applies to GED recipients.  
[Mail to: San Xavier Education Center](#)  
[2018 W. San Xavier Road, Tucson, AZ 85746](#)  
[Attn: Rowena Carlyle](#)
- ✓ **Diploma:**  
Copy of your High School or GED diploma
- ✓ **Acceptance Letters:**  
Letter of acceptance from the institution you will be attending.
- ✓ **Class Schedule:**  
The Class Schedule from the institution you are attending. This determines if you are a full or part time student.
- ✓ **Student Aid Report (SAR):**  
Complete and mail out a Free Application for Federal Student Aid (FAFSA). The results will be mailed back to you, and it is called a SAR. Please apply at [www.fafsa.ed.gov](http://www.fafsa.ed.gov) on line. (This service is free and should never require a fee).
- ✓ **Proof of Dependents:**  
(If Applicable) Submit a copy of a birth or baptismal certificate for your child and/or legal document establishing guardianship for a dependent. The child can be claimed ONLY if the child will be living with you while you are in school. If married, submit a copy of marriage certificate.
- ✓ **Program of Study:**  
A program with the required classes you need to complete your program/degree. You will need to see a school advisor to obtain this.
- ✓ **1,000 word essay:**  
The essay must state your educational goals.

Applicant Name: \_\_\_\_\_

Education Staff Initial \_\_\_\_\_

### **SAN XAVIER DISTRICT SCHOLARSHIP AGREEMENT**

The agreement sets forth the requirements and provisions of the San Xavier District Scholarship, requiring the scholarship recipient's signature.

#### **A. Requirements**

1. Applicant must be an enrolled member of the San Xavier District. A Copy of the applicant's enrollment card or record is required with application.
2. Applicant must have 3.0 GPA or higher or have a GED with a score averaging a 3.0 GPA.
3. Applicant must submit a 1000-word essay of their educational goals.
4. Applicant must submit an official transcript from their last school attended, or official scores from GED.
5. Applicant must submit a copy of their letter of acceptance from the Community college that he/she will attend.
6. Applicant must submit a Financial Needs Analysis Form completed by their respective school's Financial Aid Office.
7. Applicant must provide a copy of their Program of Study.
8. Applicant must submit a completed San Xavier District Scholarship Application Form and a signed Agreement Form.
9. Applicant must submit a class schedule.
10. Applicant must complete an in-person interview with the Health & Education Committee. Applicant will be notified of the interview date.

**B. This Scholarship is based on the financial needs analysis provided by the applicant's school Financial Aid Office, and is limited to \$5,000 for each semester of the current school year.**

**C. Applicant must be classified as full-time student (12 credit hours) at the Community College they will be attending, for two semesters in a full academic school year.**

**D. This scholarship may continue for the next semester for up to 2 years. Applicant must maintain a 3.0 GPA or better per semester. Grades must be submitted after each semester.**

**E. Student must submit a new application each year when applying for the \$10,000 scholarship.**

**F. The scholarship will fund tuition, books, fees, living expenses, transportation and tutoring services.**

**G. The student is encouraged to seek services that insure success, including tutoring, mentoring, etc. If assistance is needed in this regard, successful applicants may contact the San Xavier Education Department.**

**H. This application is subject to changes at the discretion of the San Xavier District Health & Education Committee.**

I, \_\_\_\_\_, have read and understand the contents of this Agreement as set forth above. I agree to the terms of this Agreement and have received a copy for my personal records. I further understand that the San Xavier District Scholarship funding will not begin or continue until all of Section A requirements are met.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Applicant Name: \_\_\_\_\_

Education Staff Initial \_\_\_\_\_

**SAN XAVIER DISTRICT  
SCHOLARSHIP APPLICATION**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Tribal Enrollment #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**EDUCATIONAL INFORMATION**

Name/Location of High School or GED Center: \_\_\_\_\_

High School Diploma or GED Received: Month \_\_\_\_\_ Year \_\_\_\_\_ State \_\_\_\_\_

College You WILL ATTEND: \_\_\_\_\_

Enrollment Status will be (Please check one)    ☐ Community College    ☐ University

☐ Undergraduate Full-Time  
12 credits or more

☐ Graduate Full-Time  
9 credits hours or more

College Classification:

☐ Freshman    ☐ Sophomore    ☐ Junior    ☐ Senior    ☐ Graduate    ☐ Doctorate/Professional

Please State your Field of Study: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Expected Degree: ☐ AA    ☐ AAS    ☐ BA/BS    ☐ MA/MS    ☐ Other

Upon completion of degree do you expect to transfer schools to pursue a higher degree? ☐ Yes ☐ No

Expected Graduation Date: \_\_\_\_\_

Do you already have an academic plan of study or personal educational plan that has been assigned to you by your academic advisor at your institution? ☐ Yes ☐ No    if yes, please make sure you include a current copy with your scholarship application.

Has the San Xavier Education Committee ever sponsored you? If "yes" please list institution?

☐ Yes ☐ No    College/University \_\_\_\_\_

If yes, which semester and how many units earned? Semester: \_\_\_\_\_ Units: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Education Staff Initial \_\_\_\_\_

Please list ALL post-secondary schools attended (Use additional page if necessary):

College/University	City	State	Sem/Yr Last Attended	Transferable Credits Earned

I certify that the above information on this form is true and correct. If any of the information is falsified, I understand this may disqualify me for consideration of funding through the San Xavier Education Committee.

I also understand that any funds awarded to me is SUPPLEMENTAL to all other financial aid and any award given to me will be mailed to the designated office of the institution the student has stated on this scholarship application.

I also understand that I must provide a copy of OFFICIAL/UNOFFICIAL TRANSCRIPTS and or grades and a new course schedule to the San Xavier Education Committee at the end of each academic semester.

I ALSO UNDERSTAND THAT IT IS MY RESPONSIBILITY TO SUBMIT THIS FORM TO THE SAN XAVIER EDUCATION COMMITTEE BEFORE THE APPLICATION DEADLINE DATE. I UNDERSTAND THAT IF I DO NOT SUBMIT THIS APPLICATION BY THE DEADLINE DATE, MY APPLICATION WILL NOT BE CONSIDERED FOR APPROVAL AT THE NEXT SCHEDULED EDUCATION COMMITTEE MEETING (Second Tuesday of the month).

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent (if student is under the age of 18)

Date: \_\_\_\_\_

FOR OFFICE USE ONLY		
Received By: _____	Date: _____	Time: _____ AM/PM
Reviewed By: _____	Date: _____	

Applicant Name: \_\_\_\_\_

Education Staff Initial \_\_\_\_\_

**SAN XAVIER DISTRICT EDUCATION  
SCHOLARSHIP APPLICATION-FINANCIAL NEEDS ANALYSIS**

**Part 1 – TO BE COMPLETED BY THE STUDENT**

Send this form to your college or university financial aid office for completion

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Institution attending: \_\_\_\_\_

## Funding Request For:

Fall 20____	Winter 20____	Spring 20____	Summer 20____	OTHER: _____ - _____
FT ( ) PT ( )	FT ( ) PT ( )	FT ( ) PT ( )	FT ( ) PT ( )	(mo/yr) (mo/yr)

I give permission to the San Xavier Education Department/Committee to request and receive any information on my financial aid status and academic progress. I understand that I must apply for all Federal, State, and Institutional Aid to help supplement funding received by San Xavier Education Committee. I also understand that I am responsible for seeing that this form reaches the SX Education Committee by the deadline dates.

\_\_\_\_\_  
Student Signature\_\_\_\_\_  
Date

**Part II – TO BE COMPLETED BY THE FINANCIAL AID OFFICER**

**Return to the San Xavier Education Department/Committee. Initial any corrections.**

**WE DO NOT ACCEPT ESTIMATES**

Approved Student Budget ( ) Dependent ( ) Independent

Cost of Attendance Based on: \_\_\_\_\_ Credit Hours Resources:

Tuition and Fees	\$ _____	EFC	\$ _____
Books and Supplies	\$ _____	Veteran's Benefits	\$ _____
Room and Board	\$ _____	Social Security	\$ _____
Personal Expenses	\$ _____	Other	\$ _____
Transportation	\$ _____		
Other	\$ _____		

Total Expenses \$ \_\_\_\_\_ Total Resources \$ \_\_\_\_\_

## We have made the following awards:

	Applied For:	Awarded:	Amount:
Pell Grant	Yes ( ) No ( )	Yes ( ) No ( )	\$ _____
S.E.O.G.	Yes ( ) No ( )	Yes ( ) No ( )	\$ _____
Work Study	Yes ( ) No ( )	Yes ( ) No ( )	\$ _____
Loans _____	Yes ( ) No ( )	Yes ( ) No ( )	\$ _____
Tuition Grants	Yes ( ) No ( )	Yes ( ) No ( )	\$ _____
Other: _____	Yes ( ) No ( )	Yes ( ) No ( )	\$ _____

Unmet Need (cost of attendance – (resources + awards): \$ \_\_\_\_\_

I recommend the student: ( ) receive ( ) not receive: Fall \$\_\_\_\_\_ Winter \$\_\_\_\_\_ Spring \$\_\_\_\_\_ Summer \$\_\_\_\_\_

Qtr. 1 \_\_\_\_\_ Qtr. 2 \_\_\_\_\_ Qtr. 3 \_\_\_\_\_ Qtr. 4 \_\_\_\_\_ Qtr. 5 \_\_\_\_\_ This applicant ( ) is ( ) is not academically eligible for financial aid under the rules of this university/college (if student is ineligible for financial aid, please explain why).

\_\_\_\_\_  
Financial Aid Officer Signature Institution Telephone Date

**ATTENTION TO: SAN XAVIER EDUCATION—ROWENA CARLYLE rcarlyle@waknet.org**

Applicant Name: \_\_\_\_\_

Education Staff Initial \_\_\_\_\_

FOR OFFICE USE ONLY	
Approved Schedule? <input type="checkbox"/> YES <input type="checkbox"/> NO	
_____ Credit(s) Completed	_____ G.P.A.
Completed By: _____	Date: _____

**ACADEMIC PLAN OF STUDY**

Please complete this form for the duration the student will be at your institution

Student Name: \_\_\_\_\_ Major: \_\_\_\_\_ Catalog Yr: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Student Classification: Frosh ☐ Soph ☐ Junior ☐ Senior ☐ Grad ☐

YR	Fall I		Spring II		Summer III		End Year Credits
	Course Title	#CR	Course Title	#CR	Course Title	#CR	
Total College/Transfer Credits			Total College/Transfer Credits		Total College/Transfer Credits		
YR	Fall I		Spring II		Summer III		End Year Credits
	Course Title	#CR	Course Title	#CR	Course Title	#CR	
Total College/Transfer Credits			Total College/Transfer Credits		Total College/Transfer Credits		
YR	Fall I		Spring II		Summer III		End Year Credits
	Course Title	#CR	Course Title	#CR	Course Title	#CR	
Total College/Transfer Credits			Total College/Transfer Credits		Total College/Transfer Credits		

**\*\*\*ATTENTION ACADEMIC ADVISOR\*\*\***  
**PLEASE SIGN THIS FORM**

Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**San Xavier District of the Tohono O'odham Nation  
General Welfare Law**

Official Use Only

Payable to:

**APPLICATION FOR ASSISTANCE**

**1. Type of Assistance Requested** \_\_\_\_\_ **Application Date:** \_\_\_\_\_

**2. Information on person applying for assistance:**

\_\_\_\_\_

GWL #

\_\_\_\_\_

Last name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

W9 included

\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone # \_\_\_\_\_

Tribal Enrollment Number: \_\_\_\_\_

**Fill out this section if applying for assistance for the benefit of a child. Provide information on who is receiving the assistance:**

\_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Tribal Enrollment Number: \_\_\_\_\_

**5. Extraordinary Need: Please identify any unusual or unexpected events or hardships that have increase your household need. (For example, emergency home repairs due to storm damage, medical emergencies, death, divorce, casualty).** \_\_\_\_\_

\_\_\_\_\_

**6. Have you previously applied for assistance with other agencies within the past 12 months? (Nation, district, community, state, federal)**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain type of assistance received: \_\_\_\_\_

\_\_\_\_\_

**7. A. By signing below, I verify that the information provided within this application is true and correct.**

**B.** I promise to provide receipts within 10 business days for any purchases under this assistance distribution to the office which provides the assistance. If I use the funds for any purpose inconsistent with the approved purpose of the assistance distribution, I agree that the improperly spent amount will be converted to a loan, I will repay the loan, **I may be denied future benefits until I repay the loan**, and I understand I will be subject to all other remedies provided under the GWL.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**8. Official Use Only:**

Program Name (to address requested need): \_\_\_\_\_

☐ Satisfied program guidelines

☐ Does not satisfy program guidelines

☐ Safe Harbor program

☐ Non-Safe Harbor program (Taxable)

**Comments:** \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR ASSISTANCE**

1. Type of Assistance Requested: Provide the name of the type of assistance that the applicant is requesting.
2. Person Applying for Assistance: Provide the name, address, and telephone number of the person who will be signing the form. If the applicant does not have a telephone, write “none” in this space. **If the Application is for burial assistance, the applicant is the deceased person. Write the words “For the benefit of” above the person’s name. Must include the Applicant’s Tribal Enrollment Number**
3. If the person who is receiving the assistance is a child, provide the name of the person and Tribal Enrollment Number of the person who is receiving the assistance.
4. Extraordinary Need: Explain the NEED for this assistance.  
Other unusual circumstances to be considered: Please identify any unusual circumstances. These may be circumstances which create a financial hardship for the applicant but do not have a specific expense associated with them.
5. Has the applicant applied for assistance with other agencies such as the Nation, the state, the federal government, their district, or their community? Check Yes or No. If the applicant checks yes, please include the type of assistance received.
6. In section 6.A. the applicant verifies that all information in the application form is true and correct 6.B. the applicant agrees to provide receipts for any purchases under the assistance distribution. If any funds are improperly spent, the applicant acknowledges that the distribution is converted to a loan, promises to repay the amount of the loan, and acknowledges all remedies provided under the GWL.
7. Applicant “Signature” and “Date”. Applicant signs and dates the application. By signing the document the applicant authorizes the release of records by another agency, verifies that all information provided is true and correct, promises to provide receipts for any purchases under the assistance distribution, and agrees to repay the loan if any portion of the assistance distribution is converted to a loan. If the application is for burial assistance, the personal representative of the deceased should provide the signature on behalf of the deceased.
8. For Office Use Only: A staff person of the Nation or a district will determine whether the applicant meets or does not meet the General Welfare Law Income and Need Guidelines. .

**Note: The information provided on this Application is confidential, personal information. Program staff should protect this document from unnecessary disclosure, and should limit access to it within the program office.**



## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>									
				-				-	
or									
<b>Employer identification number</b>									
				-					

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign  
Here

Signature of  
U.S. person ▶

Date ▶

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.