Application for Tribal Education Assistance

2026-2027 Application Procedure

1. You must file a Financial Aid Form (http://www.studentaid.gov) and apply for any available scholarships and grants offered by the school.
2. Fill out the application packet completely; return it along with all requested information to the Passamaquoddy Tribal Education Department.
3. Once you have completed the top portion of the Needs Analysis form, mail the form to the school's financial aid office.
4. Application deadlines:

   Fall Semester April 15th
   Spring Semester, November 15th
   Summer Session March 15th

5. Upon receipt of your information, you will be notified as to the status of your application.
6. Only those applications that are complete will be reviewed.
7. A complete file consists of:
   a. BIA APPLICATION
   b. TRIBAL EDUCATION APPLICATION
   c. PER CAPITA DEDUCTION
   d. PRIVACY ACT STATEMENT
   e. COMPLETED NEEDS ANALYSIS FORM
   f. FAF AWARD LETTER
   g. ACCEPTANCE LETTER
   h. CURRENT ACADEMIC CALENDAR
   i. EDUCATION CAREER PLAN
   j. STUDENTS' AGREEMENT
   k. HS TRANSCRIPT/GED
   l. COLLEGE TRANSCRIPT
8. Once eligibility has been determined, you will be informed as to the amount of your award. When you begin school, you will receive the award, and a Purchase Order will be sent to the school for books.
9. It will be your responsibility to ensure the following:
   a. That the school has completed your needs analysis form in a timely manner.
   b. A semester grade report is sent to the Education Office (Please submit only original forms.)

2026-2027
Passamaquoddy Tribe-Pleasant Point Reservation
Education Department
P.O. Box 343
Perry, ME 04667
Ph: (207) 853-5167
Email: education@wabanaki.com

STUDENT NAME: _____

SOCIAL SECURITY #: _____

COLLEGE/UNIVERSITY ATTENDING: _____

PROGRAM IN WHICH ENROLLED: _____

EXPECTED GRADUATION DATE: _____

STUDENT PHONE NUMBER: _____

STUDENT EMAIL: _____

ITEM	ON FILE	DATE RECEIVED	STATUS
Application forms			
Tribal enrollment			
Financial aid award letter			
Completed needs analysis form			
College acceptance letter			
Current academic calendar			
Education career plan			
Transcript or recent copy of grades			
Fall schedule			
Spring schedule			
Other			

UPDATED 12/05/24

2026-2027 APPLICATION FOR ASSISTANCE
BUREAU OF INDIAN AFFAIRS-SCHOLARSHIP PROGRAM

APPLICATION REQUEST 20_____ 20_____

Academic Year_____ Fall _____ Spring _____ Summer _____

NAME:

BIRTHDATE:

MAILING ADDRESS:

SSN: MARITAL STATUS: **S** **M** **D** / DEPENDENTS:

TRIBE WHERE ENROLLED (attach proof of enrollment):

STATE OF RESIDENCY:

FATHER'S NAME: TRIBE:

MOTHER'S NAME: TRIBE:

NAME/ADDRESS OF HIGH SCHOOL OR LAST COLLEGE ATTENDED (attach a copy of transcript):

EXPECTED DEGREE: GRADUATION DATE:

WILL LIVE: ON CAMPUS OFF CAMPUS

I hereby certify the above information to be true. I realize noncompliance will result in a loss of funding. I agree to submit a copy of my grades at the end of each semester.

SIGNATURE OF APPLICANT DATE

2026-2027 APPLICATION FOR ASSISTANCE
PASSAMAQUODDY TRIBAL EDUCATION

APPLICATION REQUEST - 20_____ 20_____

Academic Year_____ Fall_____ Spring_____ Summer_____

NAME: BIRTHDATE:

MAILING ADDRESS:

SSN: MARITAL STATUS: **S** **M** **D** / # DEPENDENTS: __

TRIBE WHERE ENROLLED (attach proof of enrollment)

STATE OF LEGAL RESIDENCE:

FATHER'S NAME: TRIBE:

MOTHER'S NAME: TRIBE:

NAME AND ADDRESS OF HIGH SCHOOL/GED RECEIVED AND DATE OF GRADUATION:

TYPE OF SCHOOL: BIA☐ TRIBAL☐ PUBLIC☐ PRIVATE☐ GED☐

WERE YOU EVER AWARDED A BIA GRANT? IF SO WHAT YEAR(S):

CREDIT HOURS EARNED: MAJOR: MINOR:

NAME AND ADDRESS OF COLLEGE SELECTED:

YEAR IN COLLEGE: 1☐ 2☐ 3☐ 4☐ GRADUATE☐

ENROLLMENT STATUS: FULL TIME☐ PART TIME☐

DATE YOU WILL REGISTER FOR CLASSES:

EXPECTED DEGREE AND YEAR OF GRADUATION:

WILL RESIDE: ON CAMPUS OFF CAMPUS

I declare that I will use funds I receive under the Passamaquoddy Scholarship Fund solely for expenses connected with attendance at:

NAME OF INSTITUTION:

I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to the necessary agencies to complete my financial aid package. I will provide a copy of my grades or transcript at the end of each academic term.

SIGNATURE OF APPLICANT DATE

STUDENTS AGREEMENT

Having been accepted for participation in the Tribal Education Program, I understand that my eligibility to stay in the program depends upon my compliance with the following terms, which I have read and hereby agree to:

1. **I must be enrolled full-time in a course approved by the Tribal Education Department, and I am aware that my schooling may be interrupted or discontinued if my attendance, grades, or conduct are unsatisfactory.**
2. **I will, to the best of my ability, attend all scheduled classes;**
3. **I will not drop my schooling without notifying and consulting with the Education Department and with the school officials;**
4. **I will inform the Education Department of any financial assistance which I now or later may receive from other sources while I am in school and of any changes in my financial needs (Marriage, divorce, Increases or reductions in the number of dependents, etc.) The amount of assistance I receive is determined by my Needs Analysis Form – Unmet Need.**
5. **I am aware that I may not change schools or courses without obtaining the prior concurrence of the Education Department.**
6. **I agree that the books and/or tools issued to me as a necessary part of my training do not belong to me and do not become my personal property unless I complete my program of study.**
7. **Should I fail to complete my program of study, I agree to repay any funding awarded to me by the Passamaquoddy Tribal Education Department.**

I am fully aware that I may jeopardize my educational opportunity if I should violate any of the terms in this agreement.

_____ _____

Applicant or Trainee's Signature **Date**

2026-2027 PER CAPITA DISBURSEMENT-DEDUCTION AGREEMENT

I, _____, hereby permit the Pleasant Point Tribal Government to withhold proceeds from my yearly Per Capita Disbursement to satisfy my delinquent liability to the Pleasant Point Tribal Education Department.

_____

Student Signature

_____

Date

_____

Witness

_____

Date

2026-2027 AUTHORIZATION FOR RELEASE OF INFORMATION

I _____, hereby authorize the release of information to the Passamaquoddy Tribal Education Department of Pleasant Point, Perry, Maine, regarding my financial aid, grades, attendance records, course registration, and or schedule for the *academic year of / .*

_____

STUDENT SIGNATURE

_____

DATE

_____

COLLEGE/UNIVERSITY ATTENDING

_____

PROGRAM OF STUDY

Complete Part I of this form with your printed and signed signature, then send it to the Financial Aid Office for completion.
The Financial Aid Office at your school should then mail it to Passamaquoddy Tribal Education, P.O. Box 343, Perry, ME 04667.

NEEDS ANALYSIS FORM (PART I) To be completed by the applicant

RESERVATION:

NAME:

ADDRESS:

TELEPHONE:

MAJOR:

MINOR:

MARITAL STATUS:

NUMBER OF DEPENDENTS:

RELEASE: I hereby authorize the release of any information pertaining to my receiving or applying to financial aid to the Passamaquoddy Tribal Education Office for the purpose of determining my eligibility for educational benefits. This includes information requested below and any other information that PTE may request regarding my application for assistance.

Signature of Student: **Date:**

NEEDS ANALYSIS FORM (PART II) To be completed by the Financial Aid Office

The above student has applied to the Passamaquoddy Tribal Scholarship Higher Education Grant Scholarship Program. Verification of financial data is required through your office before the Passamaquoddy Tribal Scholarship can take any action on their application. Please complete this portion of the form and return it to

Passamaquoddy Tribal Education – PO Box343 – Perry, ME 04667

BUDGET PERIOD: FROM: TO: START DATE:

THIS STUDENT IS CONSIDERED: INDEPENDENT☐ DEPENDENT☐

FINANCIALDATA

COLUMN (A)		COLUMN (B)	
Pell Grant		Tuition	
S.E.O.G		Mandatory fees	
V.A Benefits		Other fees	
Indian Waiver		Books	
Scholarships		Room	
Voc. Rehab		Board	
Other		Miscellaneous	
TOTAL FUNDS AVAILABLE	**$**	**TOTAL ANTICIPATED COSTS**	**$**

We recommend the Passamaquoddy Tribal Scholarship Program award this student $

SIGNATURE/DATE OF FINANCIAL AID OFFICER DATE

NAME AND ADDRESS OF COLLEGE OR UNIVERSITY TELEPHONE

OUR SCHOOL OPERATES ON: SEMESTER☐ QUARTER☐ TRIMESTER☐ OTHER☐

Pleasant Point Passamaquoddy Tribal Education Department

Student Contact Information 2026-2027

Student Name: _____ Student ID: _____

Mailing Address: _____

College Attending: _____

Program: _____ Graduation Date: _____

Best phone number to reach student: _____

Most used email to reach student: _____

Revised 12/05/24