



BILLY L. CYPRESS SCHOLARSHIP APPLICATION

Cover Checklist

Student: _____ Member #: _____ Date: _____

Reservation: _____ *New* Student *Returning* Student

Program Type: Two, Four Year Undergraduate/Graduate Degree Career Technical Education Continuing Education

Please Check Below

I have met with a Higher Education Academic and Career Advisor regarding the scholarship and most current policies and procedures.

I have NOT met with a Higher Education Academic and Career Advisor regarding the scholarship and most current policies and procedures, but will meet with an advisor to understand my scholarship.

Application Deadlines

I have submitted my application prior to correlating deadlines, as stated in policy:
April 1st, for summer term
July 1st, for fall term
November 1st, for winter and/or spring terms

I have NOT submitted my application prior to correlating deadline, but my term begins in no less than 60 days as stated in the application addendum*.



**Seminole Tribe of Florida
Center for Student Success and Services**

Official Use Only

GED/HS Diploma Schedule of Classes Grades CRM Updated Authorization Letter Scholarship Letter: Status _____

BILLY L. CYPRESS SCHOLARSHIP APPLICATION

Please email/scan applications to higherred@semtribe.com

STUDENT INFORMATION

First Name: _____ Last Name: _____ Initial: _____ Suffix: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Contact Number: _____ Email: _____

Date of Birth: _____ Sex: (M) (F) SS#: _____ M#: _____

Reservation: **BC BR FP HWD IM NA TP TR NR**

If NR, What is your original Reservation? _____

EMERGENCY CONTACT

Name: _____ Contact#: _____

Relationship: _____

EDUCATION BACKGROUND

High School Attended: _____ Date: _____

OR

GED Date: _____

Have you ever had an IEP or 504 plan? If so, can you specify: _____

PROSPECTIVE INSTITUTION INFORMATION (COLLEGE, UNIVERSITY, CAREER)

Name of Institution: _____

Program: _____ Location: _____

Housing: On-Campus Off-Campus

Degree	Status	Term	Credits
Associates	<input type="checkbox"/> Freshman <input type="checkbox"/>	Aug – Dec (Fall) <input type="checkbox"/>	Full-Time (12+ credits) <input type="checkbox"/>
Bachelors	<input type="checkbox"/> Sophomore <input type="checkbox"/>	Jan – May (Spring/Winter) <input type="checkbox"/>	Part-Time: (9-11 credits) <input type="checkbox"/>
Masters	<input type="checkbox"/> Junior <input type="checkbox"/>	May – Aug (Summer) <input type="checkbox"/>	Hours for trade/career <input type="checkbox"/>
PhD/JD	<input type="checkbox"/> Senior <input type="checkbox"/>	If other (indicate here): <input type="checkbox"/>	Graduate Program credits <input type="checkbox"/>
Trade/Career	<input type="checkbox"/> Grad School <input type="checkbox"/>	_____	Summer Part-Time: (6 credits) <input type="checkbox"/>



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HIGHER EDUCATION SCHOLARSHIP AGREEMENT**

1. Are you a recipient of any other Scholarships (private/public)? **Yes** **No**

* If yes, please provide name and details: _____

2. I will abide by the Program Policies and Procedures as set by the Center for Student Success and Services Department. **Yes** **No**

3. I will submit all required documents to the Higher Education staff every term. **Yes** **No**

4. Accommodations needed? **Yes** **No**

5. I understand that: **Yes** **No**

- a. There are 6 types of scholarship statuses based on my progress:
"Good Standing", "Probation", "Suspension", "Owes Money", "Reinstatement" and "Ineligible"
- b. My Scholarship status remains on my record indefinitely unless otherwise noted.
- c. My Scholarship covers tuition/fees, textbooks, course-related supplies, and on-campus dorm living. Meals and stationary supplies **such as pens, paper, notebooks, etc. are not covered.**
- d. If I fail to maintain the minimum cumulative GPA requirement of 2.5 or its equivalent (i.e. minimum hours earned for career/technical programs), or a minimum cumulative GPA of 3.0, if pursuing a graduate degree, I will be placed on probation or face suspension from the Program as described in the policies.
- e. If I am suspended from the Scholarship Program, I will pay for 12-credit hours of classes, and demonstrate a minimum GPA of 2.5 or its equivalent (i.e. minimum credit hours earned for career/technical) or a minimum GPA of 3.0 if pursuing a graduate degree to qualify for a one-time "reinstatement" into the Scholarship program.
- f. I can retake a "failed" class one time only.
- g. I cannot retake a passed class ("D" or higher) without permission from the Higher Education Program.
- h. During my college career, my Higher Ed. Academic & Career Advisor will be reaching out via phone call, email, text message, and social media to ensure a successful partnership. I will remain in contact with my advisor to ensure my engagement and success as a Higher Education student.

6. I intend to remain in School and complete my chosen Program within the set time frame. **Yes** **No**

7. If I withdraw from the Program without valid reason (i.e. medical, family emergencies) and supporting documentation, **and** fail to notify the Higher Education Recruiter verbally and in writing within five (5) business days, I will pay back the Program **all** monies disbursed (i.e. tuition, fees, books.) **Yes** **No**

8. If I drop classes which have been paid for by the Scholarship Program without valid reason (i.e. medical, family emergencies), and supporting documentation **and** fail to notify the Higher Education Recruiter verbally and in writing within five (5) business days, I will pay back the Program **all** monies disbursed for class tuition, fees and books (wherever applicable). **Yes** **No**

Every term, the Center for Student Success and Services (CSSS) department requires an updated report on my grades and schedule of classes to determine my eligibility for the scholarship.

I have read and understand the Scholarship agreement, and will comply with the conditions named above:

Student/Parent Signature: _____ **Date:** _____



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Application Deadline Addendum

An application is required at the initial matriculation to a higher education institution. If the student remains in good standing at the same higher education institution, a new application is not required. In lieu of the application for continuing students, the class schedule must be submitted by the deadlines listed in policy.

- April 1st, for summer term
- July 1st, for fall term
- November 1st, for winter and/or spring terms

If an application is NOT submitted on time, it may result in denial of scholarship and/or delay in the payment for the initial semester. In addition, this may also result in a delay of tuition payment for those individuals already enrolled. It is the responsibility of the student to submit the application and required documents, in a timely manner to avoid class cancellation.

In some cases, terms do not begin under the traditional timeline. Certain technical, vocational, and licensure schools do not coincide with the timeline stated above, therefore...

The Center for Student Success and Services will accept applications for terms that do not align with the traditional timeline of most colleges and universities. The Higher Education department will accept rolling applications for said students, but applications must be submitted 60 days in advance of start of term.

If the application is turned in with less than 60 days, the application will be determined late and will follow the same procedure as in policy. If application is turned in on time, the application will be processed. Proper documentation is needed in order to deem an application valid.



(INTERNAL USE ONLY)

STAFF CHECKLIST

Student: _____ Member #: _____ Date: _____

Reservation: _____ **New** Student **Returning** Student

Program Type: Two, Four Year Undergraduate/Graduate Degree Career Technical Education Continuing Education

Cover & Application (3 pages completed)

Acceptance Letter (New/Transfer Student)

Transcript (2.5 GPA) /GED/Diploma

Verify School Vendor

School – Accredited

School – Non-Accredited

Class Schedule (New Student)

Class Schedule & Grades (Returning Student)

Authorization Letter Date: _____

Scholarship Letter Date: _____

Uploaded in CRM

Advisor met with student Date: _____

Reviewer's Initials: _____