



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 Highered@semtribe.com

STUDENT INFORMATION:

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

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

Contact Number: _____ Email: _____

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

Reservation: **HWD BC BR FP TP NA TR IM NR IF NR, original Res?** _____

EMERGENCY CONTACT:

Name: _____ Contact #: _____

Relationship: _____

EDUCATION BACKGROUND:

High School Attended? _____ Date: _____ **OR** GED Date: _____

PROSPECTIVE INSTITUTION INFORMATION (COLLEGE/UNIVERSITY/CAREER):

Name of Institution: _____

Program: _____ Location: _____

Housing: On Campus (dorm): 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: (11 or less credits) <input type="checkbox"/>
Masters: <input type="checkbox"/>	Junior: <input type="checkbox"/>	May – Aug (Summer) <input type="checkbox"/>	Hours for trade/career
PhD/JD: <input type="checkbox"/>	Senior: <input type="checkbox"/>	If other (indicate below)	
Trade/Career: <input type="checkbox"/>	Grad School: <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 Education Department Yes No
3. I will submit all required documents to the Higher Education staff every term Yes No
4. 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 GPA requirement of 2.5 or its equivalent (i.e. minimum hours earned for career/technical programs), or a minimum 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 and text message to ensure a successful partnership.
5. I intend to remain in School and complete my chosen Program within the set time frame Yes No
6. 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
7. 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 Education Department requires an updated report on your grades and schedule of classes to determine your eligibility for the Scholarship. You may either submit the required documents or complete the attached "Authorization for the Release of Login In" Information form if you would like the Education Department to retrieve the necessary information

I have read and understand the Scholarship Agreement, and I will comply with the Conditions named above:

Student/Parent Signature: _____

Date: _____



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AUTHORIZATION FOR THE RELEASE OF "LOG IN" INFORMATION

Student: _____
First Middle Last

Tribal Member Number: _____

The signature below authorizes the release of records and information as indicated for the purpose of:

- Monitor education progress; Login Information and Transcripts/Grades

STUDENT/SCHOOL LOGIN INFORMATION:

NAME: _____ (STUDENT)

LOGIN USERNAME: _____

PASSWORD: _____

I hereby authorize the disclosure of the above indicated information to be released to the STOF Center for Student Success and Services Department. I understand the information is strictly confidential and will be used for the purposes stated above. I agree to inform the Center for Student Success and Services Department if/when my login and password is updated or changed. I understand that this authorization will remain in effect from the date of signature until graduation from the program or until it is revoked by my written consent.

I have been informed and understand my rights regarding the release of these records.

Student Signature: _____ Date: _____