



BILLY L. CYPRESS SCHOLARSHIP APPLICATION

Cover Checklist

Date: _____

Student: _____ Member #: _____ Student ID: _____

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:

Last Friday in March, for summer term

Last Friday in June, for fall term

Last Friday in October, for winter and/or spring terms

*11:59pm online, Eastern Standard Time or 5:00pm in person, Eastern Standard Time

I have **NOT** submitted my application prior to the deadline, **BUT** my term begins in 60 days as stated in the application addendum (back of application)

I have **NOT** submitted my application on time; **AND** my class begins in less than 60 days. I understand that the Center for Student Success and Services cannot guarantee the application will be processed in time.



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 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 plans? 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"/>

Per policy - each student must maintain a minimum amount of credits for the school year. If you will be taking less than the advised minimum amount for the semester above - you must discuss this with your Higher Education Academic & Career Advisor to make sure you are on track to finish with the minimum credit amount required for the school year.



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

**BILLY L. CYPRESS SCHOLARSHIP APPLICATION
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.
- 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), 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 my classes, and demonstrate a minimum GPA of 2.5 or its equivalent (i.e. minimum credit hours earned for career/technical) to qualify for the BLCS.
- f. 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 Signature: _____ **Date:** _____

SEMINOLE TRIBE OF FLORIDA



FERPA Consent to Release Student Information

CENTER FOR STUDENT SUCCESS AND SERVICES: HIGHER EDUCATION PROGRAM

Note: This Consent form only covers the Higher Education Program

Name of Student requesting release of educational records: _____

Tribal Member ID: M ____ _

Please write below the name(s) of person(s) to whom the educational records will be released, and if appropriate the relationship to the student such as "parents" or "prospective employer" or "attorney"

First & Last Name

Relation to Student

1. _____
2. _____
3. _____
4. _____
5. _____

Please check off all that apply.

The only type of information that is to be released under this consent is:

- transcripts or transcript information (grades/gpa/credits etc.)
- disciplinary records
- recommendations for employment or admission to other schools
- all records
- other (specify) _____

The information is to be released for the following purposes only:

- communications about university experience
- employment
- admission to an education institution
- other (specify) _____

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent upon providing written notice to *Center for Student Success and Services: Higher Education Program*. **I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to [Name of Person listed above to whom the educational records will be released] for the specific purpose described above.**

Name (print): _____

Date: _____

Signature: _____



Student Access Password: _____



Please note: student access password is an extra level of security provided to protect the student against unauthorized release of confidential information. **The student must provide the password to the individuals on the consent form list. The individual requesting the information must both be on the list and give the password in order for release of information to be provided.**

Please store this password in a safe place.



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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.

Last Friday of March, for summer term
Last Friday of June for fall term
Last Friday of October, 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

- 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: _____