



AIEA Student Award Nomination Form for School Year 2008-2009

Check one award for which you are nominating this student:

- Outstanding American Indian College/University Student*
2 College Scholarships @ \$500.00 each

- Outstanding American Indian Senior High School Student (9-12 Grades)*
3 High School Scholarships @ \$300.00 each

- Outstanding American Indian Junior High School Student (7-8 Grades)*
6 Junior High Scholarships @ \$100.00 each

I. NOMINEE INFORMATION

Student's Name: _____ Male _____ Female _____

Tribe/Band/Nation: _____ Tribal Enrollment #: _____

Mailing Address: _____ E-Mail: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Work (____) _____ Home (____) _____ Cell (____) _____

Parent's/Guardian's Name: _____ Phone (____) _____

II. NOMINATOR INFORMATION

Relationship:
(cannot be a parent/guardian)

Nominator's Name: _____

Nominator's Occupation or Title: _____

Organization/Affiliation (if applicable): _____

Address: _____

Phone Numbers: Work (____) _____ Home (____) _____ Cell (____) _____

E-Mail: _____

III. STUDENT'S EDUCATIONAL STATUS AND HISTORY

Current School Name: _____

City: _____ State: _____

Current Grade Level (circle one): 7th 8th 9th 10th 11th 12th

College/University (indicate level): _____

Cumulative GPA (4.0 scale): _____

IV. LETTER OF RECOMMENDATION – Submit at least two (2) letters of recommendation from a teacher/counselor, church leader, parent committee organization and/or home community representative.

V. AUTHORIZATION & SIGNATURES

I hereby certify that the information provided in this Student Application Form is, to the best of my knowledge, true and correct. I have not knowingly withheld any facts or circumstances that could jeopardize consideration of my application. In addition, I authorize the high school(s) and postsecondary institution(s) I have attended or will attend to release to AIEA, if requested by AIEA, my transcripts and other academic or financial information requested by AIEA for the purposes described above, and I authorize the U.S. Department of Education and its agents to release to AIEA, if accessed or requested by AIEA, information from my student financial aid application. I also authorize AIEA to release my name and photo with any public announcement of Scholarships. By submitting the Student Application Form, I am giving AIEA permission to verify information on this form.

Student's Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____

Nominator's Signature: _____ Date: _____

Applications must be postmarked by: **October 24, 2008**

Mail to: Arizona Indian Education Association

P.O. Box 13402

Phoenix, AZ 85002

For more information, call: 602-257-4051

Fax: 602-257-2837

All submitted materials become the property of the Arizona Indian Education Association Planning Committee and they will not be returned.