



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK  
ALBANY, NY 12234

## **NEW Student Application for New York State Indian Aid**

This application form is to be used to apply for the New York State Indian Aid Funding. Listed below are some very important reminders. For complete guidelines and printable application forms, go to website [www.p12.nysed.gov/natamer](http://www.p12.nysed.gov/natamer)

### **APPLICATION GUIDELINES**

Student Applications that fail to adhere to the guidelines and deadline dates will be **Denied**.

- All forms must be completely filled out. Do not leave any information blank.
- All supporting documents: Tribal Membership Letter, High School Diploma, College/University/Trade School Acceptance Letter and Educational Goals Essay, must be submitted by the deadline date.
- You must state the degree you are pursuing and number of credits you are taking.

Anticipated Award Amounts:

Full-Time 12 credits or more.....\$1,000.00/semester      Part-Time \$85.00 per credit

**To File an Application: (Blank fields will delay the processing of award.)**

- Sign and date the application. If you are under the age of 18 years old, you must have a parent/guardian sign the application.
- Before submitting Application Form, check to ensure that you have all necessary student information and supporting documentation attached.
- Submit signed, dated application, and supporting documentation in one of the following ways:

**US Mail:** Mail application and supporting documentation, postmarked by the application deadline to:

New York State Education Department  
Native American Education Unit  
Room **1075** EBA  
89 Washington Ave  
Albany, New York 12234

**Due to HIPPA regulations, email submissions of applications, including photo snapshots, will no longer be accepted.**

**Fax:** Applications and supporting documents can now only be faxed to 518-474-3666.

**The following DEADLINE DATES (postmarked) ARE STRICTLY ADHERED TO:**

**Fall semester: July 16**

**Spring semester: January 4**

All questions can be addressed to [Clarissa.Jacobs-Roraback@nysed.gov](mailto:Clarissa.Jacobs-Roraback@nysed.gov) or by calling (518) 473-1381.

NA Form 4-2021



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(This application is only for New Students.)

|                                                                                   |                                     |                                    |       |                       |  |
|-----------------------------------------------------------------------------------|-------------------------------------|------------------------------------|-------|-----------------------|--|
| Last Name                                                                         |                                     | First Name                         |       | Other Name            |  |
| Address                                                                           |                                     | City                               | State | Zip Code              |  |
| If you do not receive mail there, indicate alternate mailing address in this box: |                                     |                                    |       |                       |  |
| Contact Phone/Cell Number:                                                        | Date of Birth<br>____ / ____ / ____ | Student ID # (office purpose only) |       | Gender<br>____F ____M |  |
| Email Address                                                                     |                                     |                                    |       |                       |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>Please indicate the New York State Tribal Nation in which you are an enrolled member:</p> <p>____ Cayuga      ____ Oneida</p> <p>____ Onondaga      ____ Seneca Allegany</p> <p>____ Seneca Cattaraugus      ____ Shinnecock</p> <p>____ St. Regis Mohawk      ____ Tuscarora</p> <p>____ Tonawanda Band of Seneca</p> <p>____ Unkechaug</p>                                                                                                                    | What High School did you graduate from?                                                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | What semester are you currently applying for?                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Name of College and Campus you plan on attending:                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | List your program major:                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | College Semester start date:                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Number of Credits you are enrolled:                                                                                                                                   |  |
| <p><b>Tribal Membership: Your proof of tribal enrollment or your parent's enrollment membership certification letter. Please attach a copy of your birth certificate if you are applying under your parent's enrollment membership.</b></p> <p><b>***submit a copy of your High School diploma or GED.</b></p> <p><b>***submit an acceptance letter showing your date of acceptance. If you have a semester schedule, please submit with your application.</b></p> | Please circle one:<br><b>FT or PT</b>                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Degree you are pursuing:</b><br>____ Associate Degree 2 or 3 year program<br>____ Bachelor's Degree 4-year program<br>____ Trade School      ____ Technical School |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date you expect to complete degree:                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <i>Please submit a copy of your college degree diploma as soon as it becomes available</i>                                                                            |  |
| Office use only:    HS            EG            TM            LA                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                       |  |
| <b>The following FILING DEADLINES (postmark) ARE STRICTLY ADHERED TO:</b><br><b>Fall semester: July 16                      Spring semester: January 4</b>                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                       |  |





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Please make sure you have the following items included with your application.

- \_\_\_\_\_ Please submit a copy of your **High School** diploma; Or official signed high school transcript; OR a copy of an Equivalency Diploma (**GED**). *If you have been attending post-secondary education submit an official statement of enrollment in a special degree granting program, OR a college transcript if you have completed one or more semesters at the college level. **This document should clearly indicate the date of successful completion of High School.***
- \_\_\_\_\_ Official New York State tribal membership letter, tribal enrollment cards will not be accepted.
- \_\_\_\_\_ Letter of acceptance/enrollment letter from the college of attendance.
- \_\_\_\_\_ Please submit an essay, in typewritten form, with a description of your educational goals and plans.
- \_\_\_\_\_ If you are under 18 years of age, the signature of a parent is required approving your educational plans.
- \_\_\_\_\_ **FERPA Release Form: Students must consent to authorize disclosure of information regarding their application.**

This application and the above items should be submitted as one packet when possible. Postmark your application with supporting documents **BEFORE THE DEADLINE DATE TO:**

New York State Education Department  
Native American Education Unit  
Room **1075** EBA  
89 Washington Ave  
Albany, NY 12234

### AFFIRMATION

Information provided on this form will be maintained in a file by the Native American Education Unit of the New York State Education Department. The Coordinator of the Native American Education Programs, Room 1075 EBA, State Education Department, 89 Washington Ave, Albany, New York, 12234, (518) 474-0537, is responsible for the maintenance of these records. This information will be used to identify Native American students who are funded under the New York State Native American Post-Secondary Grant-in-aid Program. This information will be shared with tribal higher education offices and/or Native American tribal representatives working with higher education; higher education institutions personnel who are interested in the recruitment, admission and retention of Native American students at the undergraduate levels; and also with those institutions interested in recruiting Native Americans in opportunities for further education, scholarships, or professional training; and it will be used to recognize the degrees earned by Native Americans to share with prospective employers that may be known to the coordinator of Native American Indian Education Programs.

Signature of Student (required): \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent (if applicable): \_\_\_\_\_ Date \_\_\_\_\_



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## FERPA Release of Information

Family Education Rights and Privacy Act, 1974

Under the Family Educational Rights and Privacy Act (FERPA), the **NYS Native American Aid Program** Unit is permitted to disclose information from your education records to your parents.

Please check the appropriate box:

☐ Yes. **I consent to the disclosure of any personally identifiable information from my education records to my parent(s)**, for reasons determined by the **NYS Native American Aid Program** Unit as appropriate. This authorization will remain in effect for the school year you will be attending at college/university.

☐ No. I do not consent.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please fill out name(s) of your parent(s) below that you would like to disclose your information to:*

1. Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

2. Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_