



www.saltriverschools.org

**Dual Enrollment Application Deadline: September 15**

A completed application package will consist of the following:

	Date Submitted	Staff Initials
Dual Enrollment Application (completed/signed)		
Copy of applicants Social Security Card		
Copy of the applicants SRPMIC Tribal Identification Card		
Copy of High school enrollment		
Completed and signed W9 Form		
Signed authorization letters (policy and disclosure)		
Submit unofficial transcripts from high school and colleges previously attended		
Itemized tuition invoice from the college applicant will be attending		
Class schedule from the college applicant will be attending		
List of required books and supplies		

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Advisor Signature

\_\_\_\_\_  
Date



# Dual Enrollment Application

www.saltriverschools.org

Phone: (480) 362-2547 | Fax: (480) 362-2595

Physical address : 4836 N. Center St. Scottsdale, AZ 85256

Mailing Address : 10005 E. Osborn Rd. Scottsdale, AZ 85256

## Dual Enrollment Application Deadline: September 15

**For Office Use Only:**

New Applicant     Applied Before     Continuing Student     Returning Student

Please be sure to answer all of the questions on the application completely and attach any supporting documents to this application. Please mark N/A in each section if it does not apply to you. If you do not answer all questions, your application form will be incomplete and cannot be reviewed. You are required to submit your application and required documents by the deadline date. Please complete application in blue or black ink.

### PERSONAL INFORMATION

First Name:	M. Initial:	Last Name:
Address :		
City:	State, Zip Code :	DOB:
Home Phone:	Cell Phone:	
Email:	Tribal Enrollment Number:	
Social Security:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	

### COLLEGE INFORMATION

Name of school:	Expected Start Date:
Applying for (check all that apply): <input type="checkbox"/> Tuition <input type="checkbox"/> Books	Expected End Date:

### HIGH SCHOOL INFORMATION

Name of School:	Current Grade Level:	High School Counselor Contact:
-----------------	----------------------	--------------------------------

### INFORMATION RELEASE TO O'ODHAM ACTION NEWS (SRPMIC NEWSPAPER)

I consent to having my name/my child's name placed in the O'odham Action Newspaper for any education accomplishments achieved.

Please check one:     No     Yes

\_\_\_\_\_ Student Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Parent / Guardian Signature (if under 18)

\_\_\_\_\_ Date

## STUDENT CONTRACT (READ CAREFULLY BEFORE SIGNING)

This contract is made and entered into for the \_\_\_\_\_ academic school year. This is a legally binding agreement that stipulates the obligations of the applicant. The applicant, and /or parent or legal guardian must sign this agreement, if applicant is under 18 years of age, before any amount of SRPMIC financial assistance can be granted.

Please initial each item:

### ALL APPLICANTS MUST:

- \_\_\_\_ 1. Be an enrolled member of the Salt River Pima Maricopa Indian Community and provide an SRPMIC identification card.
- \_\_\_\_ 2. Complete and submit a Salt River Higher Education Program dual enrollment application each academic year for which the financial assistance is being requested. All information shall be true and complete to the best of your knowledge producing false statement(s) or omissions of relevant information will be cause for immediate denial of SRPMIC financial assistance.
- \_\_\_\_ 3. Submit proof of high school enrollment.
- \_\_\_\_ 4. Submit all required documents required to complete the application process. See application check list;
- \_\_\_\_ 5. Must understand as a high school dual enrollment participant you are subject to all applicable policies, procedures, and guidelines of the SRPMIC Higher Education program outlined in Article 11. of the Higher Education Policy.
- \_\_\_\_ 6. Understand that the SPRMIC Higher Education Program will only fund tuition, mandatory fees (associated with enrollment, required books and supplies for high school dual enrollment participants.
- \_\_\_\_ 7. Are to immediately report in writing, withdrawal from the college they are attending to their Higher Education Program Advisor. Purposely withholding any of this information is grounds for automatic suspension from the program.
- \_\_\_\_ 8. Must immediately submit a letter and supporting documents to the Higher Education Program staff if they find themselves in adverse circumstances beyond their control that is causing them to fall below the required, minimum scholarship program standards.
- \_\_\_\_ 9. Understand that an application is not considered complete unless all required materials in addition to the application have been submitted by the deadline.
- \_\_\_\_ 10. Understand that I am required to disclose any tuition funding received in addition to what is provided by the SRPMIC Higher Education Program.

I have read the above requirements and understand my obligations to the SRPMIC Higher Education Program. I hereby certify that the information I have given is true and complete to the best of my knowledge. Any deliberate submission of false information or omission or relevant information will be grounds for immediate suspension from the Higher Education Program, for a period of 2 years. I understand that in the event I believe the Higher Education Program office has not followed policy or has been unfair to me in the administration of the Higher Education Program, I may submit a letter to the SRPMIC Superintendent /Director in writing, of the decision according to Article 11 of the Higher Education Policy. I also acknowledge that I understand that a copy of Article 11 of the Higher Education Policy is available online at [Saltriverschools.org](http://Saltriverschools.org). I understand I am responsible for reading it's contents and adhering to the program's policy.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature (if under 18)

\_\_\_\_\_  
Date



**ACKNOWLEDGEMENT OF RECEIPT OF SALT RIVER HIGHER EDUCATION PROGRAM POLICY & PROCEDURE MANUAL**

Date \_\_\_\_\_

I, \_\_\_\_\_ understand that a copy of the SRP-MIC Education Division Policy & Procedure Manual (updated June 2014) is available online via the following link: <http://www.srpmic-ed.org> (Departments → Higher Education → Overview & Forms → Policy). I understand I am responsible for reading its content and adhering to the scholarship program’s policy & procedures.

\_\_\_\_\_  
(Student signature)

\_\_\_\_\_  
(Date)

**ACKNOWLEDGEMENT OF RECEIPT OF SRPMIC HIGHER EDUCATION PROGRAM HANDBOOK AND AUTHORIZATION FOR DEDUCTION FROM PER CAPITA DISTRIBUTION**

By signing below, I hereby agree that I have access to and will read Article 11-Higher Education. Furthermore, I hereby understand that failure to comply with the Salt River Higher Education Program policies and operational procedures outlined in Article 11-Higher Education and pertaining to, but not limited to, early termination of school enrollment either by failing to enroll, withdrawal from enrollment or expulsion shall result in a determination that I must repay the funds awarded to me by the SRP-MIC Post-Secondary & Adult Education Program.

By signing this Agreement, I hereby acknowledge and agree that any reimbursement of funds I owe to the Salt River Higher Education Program must be promptly paid in full or action under Article 11-Higher Education will be taken to withhold up to one-half of each of my quarterly gaming per capita payments until the Salt River Higher Education Program is repaid in full.

I hereby understand that under Article 11-Higher Education, Section IV. Appeals Process, I have a right to appeal where I believe that this Policy has not been followed in its applicability to me.

I hereby irrevocably assign my gaming per capita payment, as provided for in Article 11-Higher Education, to the Salt River Higher Education Program for any reimbursement of funds that I cannot or will not be able to promptly pay.

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

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



SRPMIC-Higher Education Program Participants:

Students are now required to disclose any tuition funding received in addition to what is provided by the Higher Education program. This includes but is not limited to grants, scholarships, tuition reimbursement or other monies that are applied toward the SRP-MIC Higher Education program participant's tuition. By signing below you are agreeing to disclose any grants, scholarships, loans or tuition reimbursements received for the \_\_\_\_\_ academic year.

I, \_\_\_\_\_ understand that I am required to disclose additional grants, scholarships or tuition reimbursements for which I may apply outside of what is provided by the SRPMIC-Higher Education department or my advisor. I attest that I will remain in compliance with this policy to the best of my ability in accordance with Article 11, Section III (L), it is the policy of the Higher Education department, "To establish that any deliberate submission of false documentation or intentional omission of relevant information will be grounds for immediate suspension from the Program for a period of two (2) years."

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

College/University: \_\_\_\_\_

A. By signing below, I hereby grant permission for the release of confidential information to the SRP-MIC Higher Education Department and its affiliates. I also understand that this release is only valid for the duration of my enrollment, following the date signed.

- Grades
- Transcripts
- Mid-Term/Progress Report
- Financial Need Analysis Itemization
- Room and Board
- Attendance
- Advising

B. Upon their request, please release the following confidential information to the SRP-MIC Higher Education Department and its affiliates.

- Grades
- Transcripts
- Mid-Term/Progress Report
- Financial Need Analysis Itemization
- Room and Board
- Attendance
- Advising
- Written (reports/emails/fax)

C. I understand that the following information may be requested and therefore provided to the SRP-MIC Higher Education Department, its Scholarship and Financial Aid Office, and its affiliates.

\_\_\_\_\_  
Student Signature

Date

\_\_\_\_\_  
Parent/Guardian Signature

Date

# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ► \_\_\_\_\_

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

*(Applies to accounts maintained outside the U.S.)*

**5** Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

**6** City, state, and ZIP code

**7** List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-					
Employer identification number								
			-					

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here** Signature of U.S. person ► \_\_\_\_\_ Date ► \_\_\_\_\_

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*