Renewal Forms

Instructions: Please mail in information before each semester and please keep forms on your computer for future semesters.

1. Have your college or university mail us your official transcripts.

2. FNA Form – Must be submitted to the financial aid office 2 weeks after the semester starts, fill in your information and sign, take or mail the form to your financial aid office and have them mail it back to us. DO NOT email or fax information all signatures must be original and will not be accepted.

3. Renewal forms must be signed and mailed to our office before the semester starts, make sure to make any updates needed.

4. Student data form is for undergraduate/Profile Sheet/graduate. Please fill out and mail with packet.

5. Class schedule must have your name or ID number and you must be taking 12 credit for undergrad and 9 for graduate students. NOTE: no online courses.

6. Updated list of scholarship search: use our form, make sure to fill out all information requested. Students must apply for a minimum of 10 scholarships

7. If you change colleges please send a letter of admissions.

If you have any questions, please call our office we will be more than happy to help our number 505-262-2351.

Respectfully,

Joy Noll
Student Services
PLEASE READ THE FOLLOWING CAREFULLY

Continuing CTD students are required to complete and submit this “Scholarship Renewal Form.” Please forward your latest official transcript or most current official transcript, and schedule of classes must be submitted in a timely manner. Again, if attending during the coming year, please return this form right away. The Financial Aid office will send the completed financial needs analysis to CTD after completion. Also, when you receive your schedule, forward immediately.

The following information is required (Please do not leave any blanks):

NAME & CURRENT MAILING ADDRESS:                  STUDENT DATA

________________________________________________________________________

University:     Major:

Degree:         College Class Level:

________________________________________________________________________

Phone No.:      Graduation Date:

E-mail address:  Academic Year:  ____________________________

Comments: ________________________________

Fall  ________________ Spring  ________________ Summer  ________________ Note: Continue to apply to all other sources of funding for which you are eligible, and submit list or copies of applications (include award letters and denials). Renewal of scholarship with CTD depends on students keeping up with this requirement.

I am not requesting continued support from CTD for the Academic Year because:

☐ I will not be attending the Academic Year ________________________________

☐ I will be attending on a part-time status. I understand CTD will not support part-time students. Please note that CTD abides by your college’s definition of what is full-time status for under-graduate and graduate students.

________________________________________________________________________

Student Signature ___________________________ Date ___________________________

CTD USE ONLY

Date Received ___________________________

CATCHING THE DREAM ▬ 8200 Mountain Rd. NE, Ste. 103 ▬ Albuquerque NM 87110-7856
Contact Person: Joy Noll, Student Services – (505) 262-2351 - E-Mail: NScholarsh@aol.com
STUDENT DATA SHEET  TYPE OR PRINT CLEARLY

Name: __________________________ Date of Birth: ___________ Date: __________

Social Security #

Permanent Home Address: ____________________________________________________

City/State/Zip: __________________________ Telephone #: __________________________

Scholarship award should be made payable to: (Check one)
(A) College/University ______ (B) Myself ______

Option A: Name/Address of Financial Aid Officer: ________________________________
Fax #: __________________________ Telephone #: __________________________

Option B: You’re mailing address while attending institution: ________________________________

City/State/Zip
Telephone # __________________________ E-mail Address: __________________________

Name of College/University you are attending: _______________________________________

City/State/Zip: __________________________

Undergraduates ONLY (Required Information): Major: __________________________
Month/Year to Graduate: __________________________

Graduates ONLY (Required Information): Major: __________________________
Month/Year to Graduate: __________________________

Degree Objective: (Circle One) Field of Study: ______________________________________

BA/ BBA / BS / MA / MBA / MS / MSW/ JD/ MD/ LPN/ RN/ BSN/ DC/ DPM/ DVM/ DDS/ DO/
Ed.D/ Ph.D/Psy.D/Pharm.D./Th.D Other: ______________________________________

College Class Level: (Circle One)
[ ] Freshman    [ ] Sophomore    [ ] Junior    [ ] Senior    [ ] Graduate   [ ] Post Graduate

Name/Address of Academic Advisor:
Telephone #: __________________________

Name/Address of your Employer: (if employed)
Telephone #: __________________________

Catching the Dream
Attention: Joy Noll, Student Services
8200 Mountain Road, N.E., Suite #103, Albuquerque, N.M. 87110 – (505) 262-2351
E-Mail: NScholarsh@aol.com

FILL IN ALL BLANKS THAT APPLY TO YOU
CTD GRADUATE PROFILE SHEET

Name: ___________________________ Date: ___________________________

Currant Mailing Address: ___________________________

Permanent Mailing Address: ___________________________

Phone No: ___________________________ Phone: ___________________________

Email Address: ___________________________

Bachelor (BA, BS, BSN, BBA, etc.)

Degree Conferred: __________ Major: __________ date Degree Conferred: ______

Name of University / College degree received from: __________________________

City/State/Zip: ___________________________

Masters (MA, MS, MSW, MBA, etc.)

Degree Conferred: __________ Major: __________ Date Degree Conferred: ______

Name of University / College degree received from: __________________________

City/State/Zip: ___________________________

Doctorate (Ph.D., J.D., Ed. D., M.D., etc.)

Degree Conferred: __________ Major: __________ Date Degree Conferred: ______

Name of University / College degree received from: __________________________

City/State/Zip: ___________________________

Employer Name: ___________________________ Your Job Title: ___________________________

Employer Address: ___________________________

City/State/Zip: ___________________________

Is this an Indian – Owned or operated business? ______

You can help a relative/friend/acquaintance to obtain CTD scholarship information by listing their name and mailing address. You may list additional names on backside.
FINANCIAL NEEDS ANALYSIS

PART 1: TO BE COMPLETED BY THE STUDENT
(Send form to college/university financial aid office for completion)

Student Name: ___________________________ Soc. Sec. No.: ___________________________

Address: ___________________________________________

City: ___________________________ State: ___________ Zip: ___________

College / University: ___________________________ Major: ___________________________

Funding Request For: Spring _____ Fall ______ Summer _____ Full or part time? ___________

I hereby give permission to Catching the Dream to request and receive any information on my financial aid status and academic progress. I understand that I must apply to all federal, state, private, and institutional aid before being considered for CTD aid. I also understand that I am responsible for seeing that this form reaches the CTD by the deadline dates.

Student Signature: ___________________________ Date: ___________________________

Part 2: TO BE COMPLETED BY THE FINANCIAL AID OFFICER – No faxed copies!

Return to: Catching the Dream
8200 Mountain Road N.E., Suite 103
Albuquerque, N.M. 87110

College Name ___________________________________________

Address: ___________________________________________

City: ___________________________ State: ___________ Zip: ___________

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees</td>
<td>EFC</td>
</tr>
<tr>
<td>Books &amp; Supplies</td>
<td>Private Scholarships</td>
</tr>
<tr>
<td>Room &amp; Board</td>
<td>BIA Scholarship</td>
</tr>
<tr>
<td>Transportation</td>
<td>Tribal Scholarship</td>
</tr>
<tr>
<td>Personal</td>
<td>Grants (PELL, etc.)</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>Work Study</td>
</tr>
<tr>
<td></td>
<td>Veteran’s benefits</td>
</tr>
<tr>
<td></td>
<td>Other (Specify)</td>
</tr>
</tbody>
</table>

TOTAL EXPENSES: $ ___________ TOTAL RESOURCES: $ ___________

Has student been suspended from financial aid for failure to maintain satisfactory progress? Yes or No
If yes, when? ___________________________ Has student applied for financial aid? Yes or No
Print name of person completing form: ___________________________

Signature of person completing form: ___________________________

Title: ___________________________ Phone No.: ___________________________ Date: ___________
SCHOLARSHIP SEARCH RECORD

NOTE: Because we are a supplemental aid program, applicants are required to apply for all other sources of funding for which they are eligible. Do not apply for Indian scholarships only, as there are only 150 of them. Apply for non-Indian scholarships, of which there are 1.7 million.

<table>
<thead>
<tr>
<th>NAME OF SCHOLARSHIP</th>
<th>Address/Email</th>
<th>Due Date</th>
<th>Amount</th>
<th>First Date of Contact</th>
<th>Second Date of Contact</th>
<th>Results/Awarded Pending/Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
AUTHORIZATION AND CONSENT FOR USE OR DISCLOSURE OF
STUDENT EDUCATION RECORDS

The FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 (FERPA) defines the requirements for
access to and release of student education records. Student education records are defined as records that are
directly related to a student and are maintained by an educational institution. Completion of this document allows
the disclosure and/or the use of individual identified education records, as set forth below, consistent with Federal
laws concerning the privacy of such information.

USE AND DISCLOSURE INFORMATION:

I, ________________________________, do hereby authorize CATCHING THE DREAM to receive
Financial Needs Analysis information for the above named student.

DURATION:

This authorization shall become effective immediately and shall remain in effect until a separate written request to
change or rescind it is made.

RIGHTS:

I understand that I have the following rights with respect to this Authorization. I may revoke this Authorization at
any time. My revocation must be in writing, signed by me and delivered to the address listed above. My refusal
will be effective upon receipt, but will not be effective to the extent that the Requestor or others have acted in
reliance to this Authorization. I understand that any use or disclosure made prior to the effective revocation under
this authorization will not be affected by a revocation.

APPROVAL:

___________________________  __________________________  __________________________
Printed Name                Signature                        Date