



CATCHING THE DREAM

"Education is the seed that provides spiritual and individual growth."

INSTRUCTIONS TO APPLICANTS

IMPORTANT: Please read all application materials thoroughly before completing this application. Applications that are incomplete or unsigned will not be reviewed. **MUST BE TYPED! NEVER FAX OR EMAIL. ALL SIGNATURES MUST BE ORIGINAL. THE CIB MUST COME DIRECTLY FROM TRIBAL OFFICE. THE FINANCIAL NEEDS ANALYSIS MUST COME DIRECTLY FROM THE COLLEGE.**

1. **GENERAL INFORMATION:** CTD's objective is to recognize and reward outstanding student achievement. This supplemental award is intended to help Native American Indian students who are *¼ or more degree American Indian, and an enrolled member of a U.S. tribe.* "U.S. Tribe" is defined as federally recognized, state recognized or terminated. All awards are based on merit, academic achievement and ambition. *Students must attend a college or university on a full-time basis, seeking a BA or higher. CTD does not fund students studying out of the country or attending non-accredited institutions, vocational, technical institutions, distance learning or online programs.* Catching the Dream scholarships are awarded for life. If you win, you will never have to apply again. However, if you are not selected for scholarship with CTD, you cannot apply again.
2. **DEADLINES:** It is the applicant's sole responsibility to meet all final deadlines of CTD. Missing material due to failure by others to meet final deadlines will cause your application not to be processed. It is the sole responsibility of the applicant to follow up and ensure that CTD receives valid documents on or before designated deadlines. **NO EXCEPTIONS TO THIS RULE.**

<u>Important Deadlines:</u> <i>Summer Session</i>	<i>March 15</i>
<i>Fall Semester / Autumn Quarter</i>	<i>April 30</i>
<i>Spring Semester / Winter Quarter</i>	<i>September 15</i>

3. **FUNDING:** Because we are a supplemental aid program, applicants are required to apply for *all other sources* of funding for which they are eligible; this includes applying for campus-based aid. We strongly recommend that applicants look through private scholarship directories for information on over 100,000 scholarships, grants, loan and internships. Go to www.fastweb.com, www.scholarship.com and www.salliemae.com. A wide range of corporations, unions, trust funds, religious and fraternal organizations, associations, and private philanthropists can provide you with financial assistance you need to continue your education. Please use our form to list all scholarships you have applied for and fill out completely.
4. **AWARDS:** Scholarships are on a competitive basis. Awards are based on CTD's projected income. Student that are awarded will be notified by letter as early as possible.
5. **PLEASE TYPE ALL MATERIAL SUBMITTED:** **Do not staple, bind, or clip any part of the application; leave it loose leaf. Submit all documents on standard size paper (8 ½ x 11).** Documents should be placed in the order as specified on page 4 of the application. Do not place labels or dividers in application packet. Use extra pages if necessary. **DO NOT LEAVE BLANK SPACES.** Failure to supply the requested information may preclude an applicant from being eligible for assistance under this program.
6. Proper completion of this application will determine your eligibility for scholarship funding. Students never funded by CTD are considered new students. Continuing students (those who are currently funded by CTD) do not have to reapply. **Instead,** go to our website at www.catchingthedream.org look for **Renewal Forms:** Follow the instructions they must be completed two weeks after the start of each semester. CTD does not place a limit on the number of terms/semesters for funding. We consider our scholarships "lifetime" awards. Therefore, it is in your best interest to make the time and the utmost effort to complete the application in its entirety.
7. **NO! Faxed or E-mail applications or documents will not be accepted.** All applications must be mailed and received in our office by the designated deadline in order to be processed.



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LETTERS OF RECOMMENDATION OUTLINE

Please submit 3 letters of recommendation to CTD by the following deadline: March 15 (summer); April 30 (Fall Semester/Quarter); September 15 (Winter Quarter/Spring Semester)

2. **Letters of recommendation must be typed.** Be specific, not vague or general. Write formally and not informally. Do not ask CTD to follow up; instead, include all pertinent information in letter. **No Faxed or Emailed letters will be accepted Signatures must be original.**
3. The following areas should be addressed in the letter of recommendation:

BACKGROUND:

- What is your relationship to the applicant?
- How long and how well have you known the applicant?
- In what capacity have you known the applicant?
(i.e. teacher, advisor, employer, informally, friend, etc.)

ACCOMPLISHMENTS:

- Academics: What types of grades, test scores, honors, and awards has the applicant received?
- What type of leadership qualities has the applicant demonstrated?
- Describe the types of extracurricular activities the applicant has been involved in.
- Service to Indians: Describe the applicant's commitment to his/her tribe and Indian community.

POTENTIAL:

- Has the applicant lived up to his/her potential? Explain.
- If not, what evidence can you provide to demonstrate that he/she will?

ESSAY OUTLINE

INTRODUCTION: Please introduce yourself using your full name and your tribe. Please put your name and page number on each page.

ACADEMICS: State your grade point average, class rank, and ACT/SAT test scores from high school. State any test scores from standardized tests such as CTBS, ITBS, LSAT, MCAT, GRE, WRAT, CAT, or Stanford. State why/how you made the grades and test scores that you did. State what grades you made in your field of interest and why. State how much time you spend studying each day or week. Describe any awards won in high school or college and their significance. List any clubs and honors and their significance. List any scholarships and how you won them. Describe any leadership positions you have held in high school or college, how you were elected and what your responsibilities were. Describe what courses you have taken to prepare you for college and your career and what you have learned so far that has inspired you. Tell us who or what inspired you to pursue your chosen field of study, and how that inspiration came to you.

CAREER PLANS: Explain what you plan to do after you finish college. Tell what your ultimate career goals are. Describe your personal interests and tell how they are related to your planned career. Describe your strengths and explain how they are used in your study for your planned career. Describe the requirements for the completion of your degree.

SERVICE TO INDIANS: Describe your plans on working with the Indian community. Tell how your work will directly benefit Indians. Tell us about your Indian heritage and what this means to you. Describe your ties to your Indian community and your experience in this community. Explain how your college education will directly contribute to your work with Indians.

LEADERSHIP AND SCHOLARSHIPS: Describe any elected or appointed positions in school or college and how they relate to your planned career. Describe any summer work relevant to your planned career and/or your service to Indians. Describe your membership in clubs and how it relates to your future. Describe all other sources of funds that you applied to and the results. Tell us what scholarships you have won and the amounts of funding you will receive from these scholarships. Explain what you will do if you do not receive a scholarship from Catching the Dream.

IMPORTANT!! YOUR ESSAY MUST BE TYPED AND DOUBLE-SPACED 5 PAGES! MANDATORY YOU MUST ALSO EMAIL YOUR ESSAY TO MR. DEAN CHAVERS AT CTD4deanchavers@aol.com



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APPLICATION FORM (MUST BE TYPED)

SSN: _____ Term Applying for: Fall/Autumn 20____ Spring/Winter 20____ Summer 20____

Last Name: _____ First Name: _____ MI: _____ Sex: _____

Birth Date: _____ Place of Birth: _____ Tribe: _____ Blood Quantum: _____

CURRENT MAILING ADDRESS:

PERMANENT MAILING ADDRESS:

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Phone: _____ Email: _____

Current E-mail Address: _____

Permanent E-mail Address: _____

Name of College University you will attend: _____

City: _____ State: _____ Zip: _____ Phone Number: (____) _____

College Class Level: ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate ___ Post Graduate

Degree Objective: (circle one BA / BBA / BS / MA / MS / MBA / MSW / JD / MD / LPN / RN / BSN / DC / DPM / DVM / DDS / DO / Ed. D. / Ph.D. / Psy.D / Pharm.D.: _____ **Field of Study:** _____ **Graduation Date:** _____

Name and location of high school attended: _____ **Graduation Date:** _____

High school GPA on 4.0 scale: _____ High school class rank: _____ / _____ College GPA on 4.0 scale: _____

College test scores: **ACT** (Composite): _____ %ile: _____ **SAT** Verbal: _____ %ile: _____ Math: _____ %ile: _____

Other Test Name (LSAT/MCAT/MAT/GRE/etc.): _____ Raw Score: _____ Percentile: _____

Military Veteran: ___ Yes ___ No Branch of Service: _____ Dates of Military Service: From _____ to _____

Marital Status: _____ Single _____ Married _____ Divorced _____ Widowed _____ Separated _____ Single Parent

Are you listed as a dependent on your parent’s/guardians federal tax return for the most recent tax year? ___ Yes ___ No

Number of dependent children residing with you: _____ **YOU’RE CHILDREN’S NAMES** _____ **AGES** _____

Number of persons in household: _____ _____

List courses and grades in your major field of study (Please list high school grades if you are about to enter college): **Students must fill in the information on these spaces; please do not say “refer to my transcript”!**

COURSE TITLE / GRADE	COURSE TITLE / GRADE	COURSE TITLE / GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Explain the relevance of the courses you have taken to your planned career: _____

List **all** information that would give an indication of your success in your chosen field (Use additional page if necessary):

Awards/Honors earned in high school and/or college: _____

Membership/Leadership Roles: _____

Volunteer/Community Efforts: _____

List all sources of funding to which you have applied, or to which you plan to apply. (Use **additional page for your sources**):

DOCUMENTATION: The following documents are required by CTD for the review process. **It is the sole responsibility of the student to have all required documents submitted to CTD by the final deadlines.**

- A. Financial Needs Analysis. Your Financial Aid Officer will submit original to CTD when completed for the semester.
- B. A copy of the IRS 1040 Federal Tax Return (student's or parent's) for the previous year.
- C. Certificate of Indian Blood (CIB) [Proof of your enrollment with a federally recognized, state recognized, or terminated American Indian tribe. **[CIB must show your blood quantum.] Student must be ¼ or more to qualify – no exceptions! Additionally, cannot combine tribal affiliation to meet the ¼ requirement.**
- D. Copies of applications and responses for **all** other sources of funding for which you are eligible; this includes applying for campus-based aid. Scholarships can be located over the Internet, scholarship directories, your community and college. The best website on the Internet is www.fastweb.com, www.scholarship.com and www.Salliemae.com.
- E. An essay explaining your goals in life, college plans, career plans. Must be 5 pages. **Be thorough!** See outline.
- F. Three (3) letters of recommendation (LOR). Writers of LOR should submit letters directly to CTD and/or in a sealed envelope with your application packet.
- G. Official Transcripts to be sent by the school: **1.** final high school transcript. **2.** Undergraduates must also submit transcripts for previous college work completed. **3.** Graduates must also submit undergraduate transcripts.
- H. A copy of Standardized Test Scores (ACT/SAT/GRE/MCAT/LSAT, etc.). **Must have test scores and percentiles!**
- I. DD 214 Form (for military personnel only).
- J. Copy of Letter of Admission from an accredited college/university, or graduate school and degree program in the U.S.
- K. Color photograph of good quality (2X3) of head and shoulders, as CTD uses the photos of students in our annual report, publications, and reports to our donors, so they will be familiar with the students they are helping to fund. We would prefer a formal photograph, such as a graduation picture. **PLEASE DO NOT SEND PHOTOGRAPHS WITH OTHER PEOPLE IN THE PHOTOGRAPH AND NO COPIES.**

PLEASE NOTE: If students are missing any documents from the application packet, you will receive a phone call or an e-mail instructing the student what documents should be forwarded to CTD with a deadline to have the documents back in the office. Failure to supply missing documentation will preclude an applicant from being eligible for assistance.

MANDATORY--YOU MUST READ THIS.

CERTIFICATION: I hereby certify that information on this application is true, correct and complete to the best of my knowledge. I consent to the release of this information to other agencies and persons necessary to determine my eligibility. **I understand that any scholarship awarded to me will be disbursed as money becomes available to Catching the Dream (CTD).** I also understand that I will be included in the CTD Directory of Graduates, and that my name, address, and phone number may be released for other possible scholarship sources, job prospects and opportunities related to my education and/or career. I also understand that CTD may release my name and photograph in any news releases and/or publications. If awarded a scholarship from Catching the Dream, I agree to comply with all rules applicable to the award.

Student's Signature

Date

Parent's Signature (if student is under 18 years)

I certify that I have read and complied with the instructions in "How to Find and Win Scholarships." _____
(Signature)

My list of scholarships is attached.

I certify that I have read the Essay Outline in the application packet and have followed its instructions. _____
(Signature.)

Return completed application to: Catching the Dream,

8200 Mountain Road, N.E., Suite 103, Albuquerque, New Mexico 87110



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CERTIFICATE OF INDIAN BLOOD (CIB) REQUEST FORM

PART I: STUDENT

To be considered for a CTD scholarship, you must be an enrolled member and possess 1/4 degree or more American Indian blood from a federally recognized, state recognized, or terminated U.S. Tribe. It must state the exact blood quantum on this certificate. **There are no exceptions to this rule!**

Upon completion of Part I, send form to your tribal enrollment office or Bureau of Indian Affairs Agency. A CIB received directly from the tribal or BIA office is verification that the form was officially completed. **A CIB submitted by the applicant is not valid.** No Faxed or emailed documents will be accepted, **all signatures must be original**

SSN: _____ Maiden Name: _____

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Place of Birth: _____ Sex: _____

Mother's Maiden Name: _____ Father's Name: _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

"I hereby authorize the release of tribal information relating to my tribal enrollment to Catching the Dream for use in obtaining a scholarship."

Applicant's Signature _____ Date _____

PART II: TRIBAL / BIA ENROLLMENT OFFICER

Students applying for a scholarship from Catching the Dream must provide an official **Certificate of Indian Blood**. We are requesting verification of tribal affiliation from your office. Please complete and forward this document **directly to CTD** as soon as possible. This form is considered official if completed by a tribal or BIA enrollment officer. **The Certificate of Indian Blood cannot be faxed to meet deadlines. This certificate must state the exact blood quantum of the students. NO EXCEPTIONS.**

Tribes: _____ Degree of Indian Blood: _____

Census/Enrollment No.: _____ Is applicant an enrolled member? Yes or No _____

Is this U.S. Tribe: _____ Federally recognized? _____ State Recognized? _____ Terminated?

Comments: _____

Signature: _____ Date: _____

Title: _____ Business Phone No.: _____

PLEASE MAIL THIS FORM DIRECTLY TO ADDRESS BELOW!
Catching The Dream: 8200 Mountain Road N.E., Suite 103, Albuquerque, N.M. 87110
(505) 262-2351



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FINANCIAL NEEDS ANALYSIS

PART 1: TO BE COMPLETED BY THE STUDENT (Send form to college/university financial aid office for completion, do not fax or email signatures must be original)

Student Name: _____ Soc. Sec. No.: _____

Address: _____

City: _____ State: _____ Zip: _____

College / University: _____ Major: _____

Funding Request For: Fall 20 ___ Spring 20 ___ Summer 20 ___ 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

Return to: Catching The Dream
8200 Mountain Road N.E., Suite 103
Albuquerque, N.M. 87110
(505) 262-2351

College Name _____

Address: _____

City: _____ State: _____ Zip: _____

EXPENSES:

Tuition & Fees	\$ _____
Books & Supplies	\$ _____
Room & Board	\$ _____
Transportation	\$ _____
Personal	\$ _____
Other (Specify)	\$ _____

RESOURCES:

EFC	\$ _____
Private Scholarships	\$ _____
BIA Scholarship	\$ _____
Tribal Scholarship	\$ _____
Grants (PELL, etc.)	\$ _____
Loans (Perkins, etc.)	\$ _____
Work Study	\$ _____
Veteran's benefits	\$ _____
Other (Specify)	\$ _____

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: _____

Please use the space in the box below to add additional information



A NONPROFIT ORGANIZATION

CATCHING THE DREAM

www.catchingthedream.org

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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