



Southwest Tribal Housing Alliance

P.O. Box 10572
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swtha.org

ARIZONA – NEW MEXICO – WEST TEXAS

**AMERIND RISK MANAGEMENT CORPORATION
ANNUAL SCHOLARSHIP PROGRAM FUND
REGION VIII APPLICATION**

Applying for Academic Year 2022 -2023

STUDENT PROFILE (All information must be completed)

Applicant:

Last Name	First Name	MI
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SS# _____ Tribal Affiliation: _____

DOB: _____ Enrollment No. _____

Housing Authority/TDHE/Tribe Representing Applicant: _____

MAILING INFORMATION: _____ Current _____ Permanent _____ Temporary

Street Address or P.O Box	City	State	Zip
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Telephone No: (School) _____ (Home) _____

(Work) _____

ACADEMIC PROFILE

(Please list the name and address of the institution you have applied to)

Name of Institution Location (City/State) Date of Acceptance

Address of Institution

Degree being pursued: BA BS MA MS PhD Other _____

Major Field of Study: _____

Indicate level applicant will be in the year application is submitted:

____ Freshman ____ Sophomore ____ Junior ____ Senior ____ Graduate
____ Post-Graduate ____ Vocational

Full Time Student: _____(hours) Part-time Student _____(hours)

High School Graduated from: _____

Name and Location (City /State): _____ Year Graduated: _____

GED: ____ Place Where Test Taken: _____

Date of Test: _____ Date Passed: _____

DISCLOSURE:

I hereby certify that the information provided in this application is to the best of my knowledge, true, and correct. I have not knowingly withheld any facts or circumstances that could otherwise jeopardize consideration of this application; I also understand that if I am selected for this award, I am responsible for providing REGION VIII with enrollment verification, official transcripts and any additional information needed in a timely manner. If I decide not to attend the school or withdraw from the school for which I am awarded a scholarship under this Program, I agree to pay back the entire amount of the scholarship. I agree to abide by the Process as outlined in the Region VIII Guidelines.

Signature of Applicant

Date

Printed Name of Applicant