**Southwest Tribal Housing Alliance**

P.O. Box 10572

Albuquerque, NM 87184

swtha.region8@gmail.com

swtha.org

**arizona – new mexico – west texas**

**SWTHA ANNUAL SCHOLARSHIP**

**REGION VIII APPLICATION**

**Applying for Academic Year 2025 -2026**

**STUDENT PROFILE** (All information must be completed)

Applicant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name MI

SS# XXX-XX\_\_\_ \_\_\_ \_\_\_ \_\_\_ 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

Telephone No: (School)\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home) \_\_\_\_\_­­\_\_\_\_\_\_\_\_\_(Work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACADEMIC PROFILE**

(Please list the name and address of the institution you have applied to; the award will be mailed to the institution.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Institution City/State Date of Acceptance

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Institution (where to mail scholarship check)

Student ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree being pursued: BA BS MA MS PhD Other \_\_\_\_\_\_\_\_

Major Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 SWTHA with enrollment verification, official transcripts and any additional information needed in a timely manner. I hereby give SWTHA authorization to obtain any necessary information from my institution in order to provide the scholarship funds. 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 SWTHA Region VIII Guidelines.

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Signature of Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Applicant