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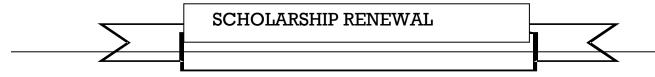
Instructions: Please mail in information before each semester and please keep forms on your computer for future semesters.

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 a graduate students. NOTE: no online courses.

6. Updated list of scholarship search: use our form, make sure to fill out all information requested.

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

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 _____
|                              |
|   SCHOLARSHIP RENEWAL        |
|_____|
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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 <u>not</u> be attending the Academic Year _____

[   ]   I will be attending on a <u>part-time</u> 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.

_____

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                                                        +--------------------------------+
                                                        |       CTD USE ONLY             |
                                                        |                                |
_____          |                                |
Student Signature                         Date          |      Date Received             |
                                                        +--------------------------------+
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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 #: _____

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.

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 – <u>No faxed copies!</u>

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

College Name _____

Address: _____

City: _____ State: _____ Zip: _____

EXPENSES:		**RESOURCES:**	
Tuition & Fees	$ _____	EFC	$ _____
Books & Supplies	$ _____	Private Scholarships	$ _____
Room & Board	$ _____	BIA Scholarship	$ _____
Transportation	$ _____	Tribal Scholarship	$ _____
Personal	$ _____	Grants (PELL, etc.)	$ _____
Other (Specify)	$ _____	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: _____

My Name: _____

SCHOLARSHIP SEARCH RECORD
Ten (10) scholarships needed. Try to find all you can.
(Use two or three lines for each if needed. Use extra pages if needed)

NAME OF SCHOLARSHIP	Address/Email	Due Date	First Date of contact	Second Date of Contact	Amount Awarded	Results/Award Pending/Denied