

## 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

# SCHOLARSHIP RENEWAL

## 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: \_\_\_\_\_

Degree: \_\_\_\_\_

Major: \_\_\_\_\_

\_\_\_\_\_

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**

**STUDENT DATA SHEET      TYPE OR PRINT CLEARLY**

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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: \_\_\_\_\_

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

Degree Conferred: \_\_\_\_\_ Major: \_\_\_\_\_ date Degree Conferred: \_\_\_\_\_

Name of University / College degree received from: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Degree Conferred: \_\_\_\_\_ Major: \_\_\_\_\_ Date Degree Conferred \_\_\_\_\_

Name of University / College degree received from: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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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: \_\_\_\_\_

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Employer Name: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Is this an Indian – Owned or operated business? \_\_\_\_\_

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**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: \_\_\_\_\_

**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: \_\_\_\_\_





A NONPROFIT ORGANIZATION

# CATCHING THE DREAM

www.catchingthedream.org

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

## 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