

## THE FRIENDS OF HOPI FOUNDATION SCHOLARSHIP

### Guidelines, Applications, and other Information

The Friends of Hopi Foundation a non-profit organization believes that education is the key to the future for all children. Our goal is to encourage Hopi students to study education as a profession and return to the reservation schools as certified teachers.

#### Who is eligible?

Students are eligible to be considered for a FOHF scholarship if they:

- Are American Indian Hopi and are an enrolled member of the Hopi Tribe.
- Have graduated from Hopi High School with a cumulative GPA of 3.3(82.5) on an unweighted 4.0(100) scale.
- Will be enrolling for their sophomore year or beyond in a U.S. accredited college or university with a specified major in the field of education or another major with plans for obtaining teaching credentials.
- Will make a pledge to return to the reservation schools as a faculty member.
- Have demonstrated leadership abilities through participation in community service, extracurricular or other activities.
- Have submitted completed three forms: (attached)
  1. Personal Information Form
  2. Nomination Form (Academic record)
  3. Recommendation Form (Leadership)
- Submit all forms by the deadline as posted for the year and sit for an interview with the FOHF Board.

Inquiries may be made by contacting Bob Montgomery at 281-463-4856 or at [mrtutor156@hotmail.com](mailto:mrtutor156@hotmail.com)

THE FRIENDS OF HOPI FOUNDATION SCHOLARSHIP---PERSONAL INFORMATION

Name:

Last \_\_\_\_\_ First \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ E- \_\_\_\_\_

mail: \_\_\_\_\_

Hopi Enrollment Number: \_\_\_\_\_

List the schools you attended along with the grade levels while at each school:

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Which college are you currently enrolled in? \_\_\_\_\_

Are you in a teacher preparation program? \_\_\_\_\_

Report course currently taking and grades earned for the last report period:

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When do you project that you will graduate? \_\_\_\_\_

Will you pledge to attempt to teach in a reservation school? \_\_\_\_\_

Did you apply for other scholarships or financial support for your first semester? \_\_\_\_\_

What percent of your college expenses are currently being supported outside of your family? \_\_\_\_\_

Please attach a copy of your final transcript from high school.

Please attach a copy of your grades from your first year of college.

On the back of this form, in your own handwriting, tell us why you want to be a teacher and how you would feel about teaching in a Hopi school.

THE FRIENDS OF HOPI FOUNDATION----- SCHOLARSHIP---RECOMMENDATION

Student name: \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

In what capacity did you work with this student? \_\_\_\_\_

In your opinion, will this student be successful in college? \_\_\_\_\_

Briefly list and discuss two or three main strengths of this student that will be influential in their success as a college student and as a teacher. \_\_\_\_\_

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

In your opinion, is this student in need of financial support in order to continue attending college?

\_\_\_\_\_

Briefly list two or three areas where this student needs to improve in order to be successful as a teacher. \_\_\_\_\_

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

Please tell us a little about yourself. Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Are you related to the student? \_\_\_\_\_

Your email: \_\_\_\_\_ Your phone number: \_\_\_\_\_

I recommend \_\_\_\_\_ as a candidate for the FOHF

Scholarship. Your signature: \_\_\_\_\_ date: \_\_\_\_\_

Please mail this form to: The Friends of Hopi Foundation, 423 Territory Trail, Cedar Park, TX 78613

THE FRIENDS OF HOPI FOUNDATION SCHOLARSHIP---Service Recommendation

Note: The purpose of this form is to document any service projects, school activities, non-school activities, or any other events where the student had opportunities to demonstrate their participation and leadership among their peers.

Student name: \_\_\_\_\_  
Your name: \_\_\_\_\_ Your \_\_\_\_\_  
email: \_\_\_\_\_  
Your occupation: \_\_\_\_\_ Your employer: \_\_\_\_\_  
Your phone: \_\_\_\_\_

Are you related to the student? If yes, describe \_\_\_\_\_  
How long have you known this student? \_\_\_\_\_  
In what projects and what capacity did you work with this student? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Do you believe this student has the potential to be a valuable contributor to our society? If so, why or how \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I recommend \_\_\_\_\_ as a candidate for the FOHF Scholarship. Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail this form to The Friends of Hopi Foundation, 423 Territory Trail, Cedar Park, TX 78613  
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