



**Seminole Tribe of Florida
Education Department
BILLY L. CYPRESS SCHOLARSHIP APPLICATION
2025-2026**

Please email/scan applications to HigherEd@semtribe.com

Application Deadline

An application is required at the initial matriculation to a higher education institution. If the student remains in good standing at the same higher education institution, a new application is not required. In lieu of the application for continuing students, the class schedule must be submitted by the deadlines listed in policy.

- Last Friday of March, for summer term
- Last Friday of June for fall term
- Last Friday of October, for winter and/or spring terms

If an application is NOT submitted on time, it may result in denial of scholarship and/or delay in the payment for the initial semester. In addition, this may also result in a delay of tuition payment for those individuals already enrolled. It is the responsibility of the student to submit the application and required documents, in a timely manner to avoid class cancellation.

In some cases, terms do not begin under the traditional timeline. Certain technical, vocational, and licensure schools do not coincide with the timeline stated above, therefore...

The Education Department will accept applications for terms that do not align with the traditional timeline of most colleges and universities. The Higher Education program will accept rolling applications for said students, but applications must be submitted **60 days** in advance of start of term.

If the application is turned in with less than 60 days, the application will be determined late and will follow the same procedure as in policy. If application is turned in on time, the application will be processed. Proper documentation is needed in order to deem an application valid.

Documents Needed

To maintain the scholarship and ensure there are no tuition payment interruptions, the following documents are needed every semester or at the beginning of the scholarship:

- ☐ Acceptance Letter (New/Transfer Student)
- ☐ Transcript (2.5 GPA)
- ☐ GED/Diploma (if applicable)
- ☐ Class Schedule & Grades
- ☐ Program/Major Sheet

Initials: _____

Revised 3/2025



☐ New Student

☐ Returning Student

STUDENT INFORMATION

First Name: _____ Last Name: _____ Initial: _____ Suffix: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Contact Number: _____ Email: _____

Date of Birth: _____ Sex: (M)☐ (F)☐ SS#: _____ - _____ - _____ M#: _____

Reservation: **BC** **BR** **FP** **HWD** **IMM** **NA** **TP** **TR** **NR**
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ If NR, what is your original reservation? _____

EMERGENCY CONTACT

Name: _____ Contact #: _____

Relationship: _____

EDUCATION BACKGROUND

High School Attended: _____ Date: _____

OR

GED Date: _____

Have you ever had an IEP or 504 plan? ☐ Yes ☐ No

Will you need them going forward? ☐ Yes ☐ No *If yes, please provide documentation.

PROSPECTIVE INSTITUTION INFORMATION (COLLEGE, UNIVERSITY, CAREER)

Name of Institution: _____

Program: _____ Location: _____

Housing: ☐ On-Campus ☐ Off-Campus

☐ Semester Hours ☐ Quarters

Degree	Status	Term	Credits
Associates <input type="checkbox"/>	Freshman <input type="checkbox"/>	Aug – Dec (Fall) <input type="checkbox"/>	Full-Time (12+ credits)/(6+ quarter hours) <input type="checkbox"/>
Bachelors <input type="checkbox"/>	Sophomore <input type="checkbox"/>	Jan – May (Spring/Winter) <input type="checkbox"/>	Part-Time (9-11 credits)/(3+ quarter hours) <input type="checkbox"/>
Masters <input type="checkbox"/>	Junior <input type="checkbox"/>	May – Aug (Summer) <input type="checkbox"/>	Certificate (Hours) <input type="checkbox"/>
PhD/JD <input type="checkbox"/>	Senior <input type="checkbox"/>	If Other (Indicate Here): <input type="checkbox"/>	Penn Foster/GED <input type="checkbox"/>
Certification <input type="checkbox"/>	Grad School <input type="checkbox"/>		Grad School (6+ credits full time) <input type="checkbox"/>
GED/Penn Foster <input type="checkbox"/>	Adult Ed <input type="checkbox"/>		Grad School (3 credits part-time) <input type="checkbox"/>



BILLY L. CYPRESS SCHOLARSHIP APPLICATION
HIGHER EDUCATION SCHOLARSHIP AGREEMENT

% Are you a recipient of any other Scholarships (private/public)? Yes ☐ No ☐

* If yes, please provide name and details: _____

& I will abide by the Program Policies and Procedures as set by the Education Department. Initial _____

' " I will submit all required documents to the Higher Education staff within a month after the term ends: Unofficial transcripts, class schedules, grades, and program sheets (program sheets are needed the first term and if program changes). I understand if I do not provide the required documentation, I will be subject to an automatic suspension status/denial of scholarship. Initial _____

(" I understand that:

U There are 6 types of scholarship statuses based on my progress:

"Good Standing," "Warning," "Probation," "Suspension," "Owes Money," and Re-Instated."

V My scholarship status remains on my record indefinitely unless otherwise noted.

W My scholarship covers tuition/fees, textbooks, course-related supplies and on-campus dorm living.

X If I fail to maintain the minimum cumulative GPA requirement of 2.5 or its equivalent (i.e. minimum hours earned for career/technical programs), I will be placed on probation or face suspension from the program as described in the policies.

Y If I am suspended from the scholarship program, I will pay for my classes and demonstrate a minimum GPA of 2.5 or its equivalent (i.e. minimum hours earned for career/technical programs) to qualify for the BLCS.

Z During my college career, my Higher Ed Academic & Career Advisor will be reaching out via phone call, email, and text message to ensure a successful partnership. I will remain in contact with my advisor to ensure my engagement and success as a Higher Education student. Initial _____

) " I understand that if the prospective institution I have chosen to attend has not established a vendor status with the Tribe, that I will be responsible to cover all costs up front on a reimbursement basis until the institution is a vendor. Initial _____

* " I intend to remain in school and complete my chosen program within the set time frame. Initial _____

+ " If I withdraw from the program without valid reason (i.e. medical, family emergencies) and supporting documentation, **and** fail to notify the Higher Education Academic & Career Advisor verbally and in writing within five (5) business days, I will pay back the program **all** monies disbursed (i.e. tuition, fees, books, etc.). Initial _____

, " If I drop classes that have been paid for by the scholarship program without valid reason (i.e. medical, family emergencies) and supporting documentation, **and** fail to notify the Higher Education Academic & Career Advisor verbally and in writing within five (5) business days, I will pay back the program **all** monies disbursed (i.e. tuition, fees, books, etc.). Initial _____

**9j YnifMa žh Y9Xi Wjcb'8 YdUfa YbhfYei JfYgUb'i dXUXfYdcfhcb'a nJ fUXgffUbgMjdhUbXXYf fYU XjLE
UbXgWYXi YcZWgYgYlc XjMfa JbYa nYJ JYJmZcf'h YgWc Ufg\jd"**

I have read and understand the Scholarship agreement, and will comply with the conditions named above:

Student Signature: _____ **Date:** _____