



RELEASE DATE: DECEMBER 1, 2025

# DIRECT EDUCATION SCHOLARSHIP

# SPRING 2026

## REQUIRED DOCUMENTS

- Completed Application
- Certificate of Indian Blood (CIB) or Tribal ID Card
- Most Recent School Transcripts
- Minimum GPA 2.0 (30+ Credit hours, minimum GPA: 2.5)
- Enrollment Verification for 2026 Spring Semester  
Incoming Freshman may submit a College/Vocational Admissions Letter
- Concise Class Schedule
- Updated Personal Statement
- Degree Plan or Degree Audit
- Completed W9 Form, current mailing address only.
- Males 18+ must submit a completed Mayordomo Approval form, signed and dated along with the application packet.

**Now  
Supporting  
Part-time  
students!**

**SCAN TO APPLY**



**DEADLINE: JANUARY 23, 2026 4:30PM MST**

**WWW.PARTNERSFORSUCCESS.US**

Note that the POL DES only awards funding to a qualified applicant seeking a degree (AA/BA/MA/PhD) or vocational/technical certification not already obtained. Naturalized and Descendants are not eligible for the scholarship. See website for full POL DES Policy.

11 RODEO DR, BUILDING A  
LAGUNA, NM 87026  
(505) 552-9322



# POL Direct Education Scholarship

P.O. BOX 207 LAGUNA, NM 87026

PHONE (505) 552-9322



**A complete application packet must be in the PFS office by January 23, 2026 (by the close of business, 4:30pm MST)**

- Completed Application.
- Pueblo of Laguna Certificate of Indian Blood (CIB) or Tribal ID Card.
  - Naturalized and Descendants are not eligible for the scholarship.
- Sealed Official High School Transcripts/ABE or College Transcripts.
- Minimum GPA 2.0 (30+ Credit hours minimum GPA: 2.5)
- Enrollment Verification for 2026 Spring Semester. Incoming Freshman may submit a College/Vocational Admissions Letter.
- Concise Class Schedule.
- Personal Statement.
- Degree Plan or Degree Audit.
- Completed W9 Form, Current mailing address. (Highlighted areas only)
- Males 18+ must submit a completed Mayordomo Approval form, signed and dated along with the application packet.

**PLEASE EMAIL REQUIRED DOCUMENTS TO:**

**[e.romero@lagunaed.net](mailto:e.romero@lagunaed.net)**

or drop off documents at PFS Office. (Please call before coming to the office)

To remain compliant with Pueblo of Laguna's Direct Education Policy guidelines, all students must submit an Official Transcript before each term attending. Official transcripts must be sealed and sent directly from college/university by mail or electronic mail. **Therefore, unofficial transcripts, faxed or personal email copies are NOT acceptable.**

**\*Please note that all required documents are subject to change so make sure we have your correct email address and phone number at the Partners for Success office.**

**You must apply every term for the Direct Education Scholarship.**

**[www.partnersforsuccess.us](http://www.partnersforsuccess.us)**

**Deadline Friday, January 23, 2026**

**By close of business, 4:30pm MST**



# DIRECT EDUCATION SCHOLARSHIP APPLICATION SPRING 2026

## Direct Education Scholarship Application Required Documents:

- Complete Application
- Pueblo of Laguna Certificate of Indian Blood (CIB) or Tribal ID Card (Regularly Enrolled Member)
- Sealed Official High School/ABE or College Transcripts
- Minimum GPA 2.0 (30+ Credit hours minimum GPA: 2.5)
- Enrollment Verification for Spring 2026 Semester. Incoming freshman may submit a College/ Vocational Admissions Letter
- Concise Class Schedule (Spring 2026)
- New or Updated Personal Statement
- Degree Plan, Degree Audit or Degree Checklist
- Completed W9 Form, Current mailing address **(Highlighted areas only)**
- Males 18+ need to provide a signed/dated Letter of Presentation to their Village (See last page)

Return completed application to: Partners for Success P.O. Box 207 Laguna, NM 87026-0207

1. Pueblo of Laguna Certificate of Indian Blood (CIB) No: \_\_\_\_\_ Village Affiliation: \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_
3. \_\_\_\_\_  
Last Name First Name Middle Name
4. Permanent Mailing Address: \_\_\_\_\_  
Street, Route, or P.O. Box City State Zip Code
5. Home telephone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_
6. Email address: \_\_\_\_\_
7. Higher Education Institution Attending: \_\_\_\_\_  
Address: \_\_\_\_\_  
Major: \_\_\_\_\_ Student ID: \_\_\_\_\_
8. Do you have a degree(s), licenses/certification? ☐ Yes (if yes check below) ☐ No  
Bachelors: ☐ Masters: ☐ Doctorate: ☐ License/Certification: \_\_\_\_\_
9. Which degree, license/certification are you pursuing? \_\_\_\_\_
10. Part Time ☐ Full Time ☐

Certification of Applicant

I certify that the information provided is true to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> <b>Name of entity/individual.</b> An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	<b>2</b> Business name/disregarded entity name, if different from above.		
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> <b>Individual/sole proprietor</b> <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> <b>LLC.</b> Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> <b>Other</b> (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)	
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>		
	<b>5</b> <b>Address</b> (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
<b>6</b> <b>City, state, and ZIP code</b>			
<b>7</b> List account number(s) here (optional)			

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>											
				-				-			
<b>or</b>											
<b>Employer identification number</b>											
					-						

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	<b>Signature of U.S. person</b>	<b>Date</b>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

# POL Direct Education Scholarship

P.O. BOX 207 LAGUNA, NM 87026  
PHONE (505) 552-9322



## Personal Statement for Services

A personal statement will reflect your attitude, commitment to completing a program, and your short and long-term goals. All statements must be **typed**.

**Here are some subjects you should cover in your personal statement:**

- **Education Goals:** What type of degree or certificate do you plan to earn?
- **Employment Goals:** What type of work will you seek upon completion?
- Describe your **personal commitment** or desire to complete a program.
- Any **personal achievements** that you would like to note.
- **Previous Education.**

Remember, this statement is simply a short, three-paragraph document that allows the Direct Education Committee to understand your commitment towards completing the training in which you are interested.

If you need assistance, please call 552-9322

**THIS FORM IS FOR MALES 18+ ONLY**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

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

To Whom it May Concern:

My name is \_\_\_\_\_

I am from the village of \_\_\_\_\_.

My parent/grandparent/caregivers are \_\_\_\_\_

\_\_\_\_\_.

I am attending school at \_\_\_\_\_ located in the state of \_\_\_\_\_.

I am writing this letter to fulfill my Tribal Village obligation for the PoL Direct Education Scholarship. This is at the request of the Pueblo of Laguna Tribal Leadership.

The Partners for Success program will retain a copy of my letter in my Direct Education Scholarship file. Partners for Success Program Director will also deliver a copy of this letter to my Village Mayordomo, once the DES Scholarship review process is complete.

Thank you,

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Village Mayordomo's name \_\_\_\_\_ Village \_\_\_\_\_

Village Mayordomo's signature \_\_\_\_\_ Date \_\_\_\_\_

PFS Director's Name \_\_\_\_\_

PFS Signature \_\_\_\_\_