



**COLORADO COUNCIL OF PROFESSIONAL ARCHAEOLOGISTS  
Native American Scholarship Application**

First and Last Name	
Tribal Membership	
Mailing Address St.	
City, State, Zip	
Phone	
Email	

**COLLEGE/UNIVERSITY**

Institution	
Mailing Address	
Office/Program	
Enrollment Status	
Major and Minor	

**FIELD SCHOOL OR OTHER TRAINING**

Title, School, or Course	
Location	
Dates	
Expense Details	
Date fees due	
Advisor/Director Name Contact Information	

**\*\*\*EXAMPLE\*\*\***

Title, School, or Course	<i>Survey of lands in the San Luis Valley</i>	
Location	<i>Saguache County, Colorado</i>	
Dates	<i>May 30, 2025–July 25, 2025</i>	
Expense Details	<i>Field school fees \$700.00</i> <i>Gas for travel \$75.00</i> <i>Field school notebook \$10.00</i> <b>TOTAL: \$785.00</b>	
Date fees due	May 16, 2025	
Advisor/director Contact Information	Dr. XYZ	School: XYZUniversity
	Phone: 303-000-0000 Email: xyz@xyz.edu	300 Main Street Box 400 XYZ, CO 81111