



## **CHECKLIST FOR HIGHER ED GRANT**

- **SUBMIT COMPLETED HIGHER ED APPLICATION**
- **FILL OUT NEEDS ANALYSIS FORM**
- **SEND TO THE FINANCIAL AID OFFICE**
- **SUBMIT COPY OF LETTER OF ACCEPTANCE**
- **SUBMIT COPY OF HIGH SCHOOL DIPLOMA**
- **SUBMIT COPY OF HIGH SCHOOL TRANSCRIPT**
- **SUBMIT COPY OF STUDENT AID REPORT (SAR) OR FASFA**

# SANTEE SIOUX NATION

## HIGHER EDUCATION GRANT APPLICATION

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_  
                    LAST                      FIRST                      MIDDLE                      MAIDEN

Address: \_\_\_\_\_ Tele. No.: \_\_\_\_\_  
                    STREET                      CITY                      STATE                      ZIP

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated

No. of Dependents: \_\_\_\_\_ Veteran: ☐ Yes ☐ No State of Residency: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

Home Agency and Address: \_\_\_\_\_

Name and Address of BIA or Tribal High School: \_\_\_\_\_

Type of High School: ☐ BIA ☐ Tribal ☐ Private ☐ Mission ☐ Public

☐ High School Graduation Date: \_\_\_\_\_ ☐ GED Graduation/GED Date: \_\_\_\_\_

APPLICATION REQUEST: 20\_\_\_\_ - 20\_\_\_\_

☐ Academic Year ☐ Spring Only ☐ Fall Only ☐ Summer ☐ Full-Time ☐ Part-Time

Name and Address of College Selected: \_\_\_\_\_

College Major: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Expected Degree: ☐ AA ☐ BA ☐ BS ☐ MA ☐ Other: \_\_\_\_\_

Year in College: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate

I Will Live ☐ On Campus ☐ Off Campus ☐ With Parents

Have you ever received a BIA Grant before? ☐ Yes ☐ No

If Yes, What Years?: \_\_\_\_\_ No. of Semester Hours Earned: \_\_\_\_\_ No. of Quarter Hours Earned: \_\_\_\_\_

STATEMENT OF EDUCATION PURPOSE: I declare that I will use any funds I receive under the Higher Education Grant Program solely for expenses connected with attendance at:

Name of Institution: \_\_\_\_\_

I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to necessary agencies to complete my financial aid package. I request that any grant awarded me be mailed to me in care of the financial aid office of the institution. I will provide an official transcript to the Higher Education office at the end of the academic term.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Original – Student File    Yellow – Student Copy    Pink – Student to Send to FAO    Gold – Tribal Program File

**PLEASE READ IMPORTANT NOTICE ON REVERSE SIDE**

# I. TO BE COMPLETED BY THE STUDENT

NAME: \_\_\_\_\_ HOME AGENCY OR TRIBE SOC. SEC. \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP TELEPHONE

YEAR IN COLLEGE \_\_\_\_\_ MAJOR \_\_\_\_\_ MINOR \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ NO. OF DEPENDENT(S) \_\_\_\_\_

Please send me the necessary applications for applying for college-administered financial aid. Attached is a copy of the Tribal grant application that I have submitted to the Santee Higher Education Program for consideration for financial assistance. The Santee Higher Education Office will need the additional financial aid information as listed in Part II before any action can be taken on my applications. When all the necessary information is on file in your office, please complete and forward Part II, or a similar form to:

**Please refer to the back of this page for proper mailing address.**

All students are requested to apply for other sources of funding available through the Financial Aids Office.

STUDENT SIGNATURE: \_\_\_\_\_

# II. TO BE COMPLETED BY THE FINANCIAL AID OFFICER

This student has applied to the Santee Higher Education Office. Verified financial need information is needed through your office before we can take action on this application. We will appreciate your assistance if you complete and forward this form or a like form to the above address. Thank you for your assistance.

Budget Period: From \_\_\_\_\_ To \_\_\_\_\_ which will start on (date) \_\_\_\_\_  
month/year month/year

This student is considered: Independent \_\_\_\_\_ Dependent \_\_\_\_\_

Assessed Need ..... \$ \_\_\_\_\_

Parental Contribution	_____	PELL Grant	_____	Tuition	_____
Student Contribution	_____	Work Study	_____	Books	_____
Spouse Contribution	_____	Perkins	_____	Fees	_____
VA Benefits	_____	SEOG Grant	_____	Room	_____
		Scholarship	_____	Board	_____
		Stafford	_____	Travel	_____
State Scholarship	_____	Voc. Rehab.	_____	Misc.	_____
State Ind. Scholarship	_____	Other	_____	Other	_____
		TOTAL	_____	TOTAL	_____

We recommend the Santee Higher Education Program consider awarding this student..... \$ \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
Financial Aids Date Telephone

Name of College Address Zip Code

Our School is on: Semester \_\_\_\_\_ Quarter \_\_\_\_\_ Tri-Semester \_\_\_\_\_ Other \_\_\_\_\_

## **INSTRUCTIONS FOR COMPLETING A HIGHER EDUCATION GRANT APPLICATION**

It is very **IMPORTANT** that the following steps be followed in completing this application. Provide **ALL** of the information to the best of your knowledge, and have it properly signed.

**Failure to complete the application may cause a delay in processing or no funding.**

After the application has been properly completed and signed, YOU MUST complete part I of the REVERSE SIDE of this instruction sheet and attach it to the college copy and mail it to the Financial Aids Office at the college of your choice.

All financial aid information and correspondence should be directed to the agency identified below. Higher Education Programs handled at the agency level or tribally contracted may vary in academic requirements and funds available. The agency address, tribal group served and individual working with the program are as follows:

**(AGENCY OR TRIBE FILL APPROPRIATE MAILING ADDRESS BELOW)**

**SANTEE SIOUX NATION  
HIGHER EDUCATION PROGRAM  
425 FRAZIER AVE. N. SUITE 2  
NIOBRARA, NE 68760-7219**

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**All students must reapply for each academic year for funding as well as Summer School.**

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