2017 SUMMER TUITION ASSISTANCE PROGRAM

HIGHER EDUCATION DIVISION
P.O. Box 667
Black River Falls, WI 54615
(800)-362-4476
higher.education@ho-chunk.com

Complete in ink. Incomplete and/or illegible applications will be returned to the student.

439A00-

TRIBAL ID NUMBER | LAST NAME | FIRST NAME | MI | PREVIOUS/MAIDEN NAME

- - / / ☐ MALE ☐ FEMALE ☐ PHONE ☐ E-MAIL ☐ MAIL

SOCIAL SECURITY NUMBER | DATE OF BIRTH (MM/DD/YY) | GENDER | PREFERRED COMMUNICATION

MAILING ADDRESS (WHILE ATTENDING SCHOOL) | CITY | STATE | ZIP

PERMANENT ADDRESS (IF DIFFERENT FROM MAILING ADDRESS) | CITY | STATE | ZIP

( ) - ( ) -

PRIMARY PHONE NUMBER | ALTERNATE PHONE NUMBER | PRINT EMAIL

/ /

FAFSA FILING DATE (MM/DD/YY) | COLLEGE/UNIVERSITY YOU WILL ATTEND | COLLEGE/UNIVERSITY LOCATION: CITY/STATE

CURRENT YEAR IN SCHOOL/CREDITS EARNED FOR INTENDED DEGREE:

☐ FRESHMAN 1-30 ☐ SOPHOMORE 31-60 ☐ JUNIOR 61-90 ☐ SENIOR 91-120 ☐ GRADUATE # CR. ___ ☐ NO CREDITS/UNSURE

DEGREE SEEKING:

☐ TECHNICAL DIPLOMA/CERTIFICATE ☐ ASSOCIATE ☐ BACHELOR'S ☐ MASTER'S ☐ JURIS DOCTORATE ☐ DOCTORATE

MILITARY BENEFITS: U.S. VETERAN : ☐ YES ☐ NO MILITARY BENEFITS: ☐ STATE ☐ FEDERAL ☐ PARENT/SPOUSE

PRESENT EMPLOYMENT STATUS: EMPLOYED: ☐ YES ☐ NO WORK STATUS WHILE ATTENDING SCHOOL: ☐ FULL-TIME ☐ PART-TIME

HO-CHUNK NATION EMPLOYEE: ☐ NO ☐ YES DEPARTMENT:

ADDITIONAL INFORMATION NEEDED FOR **SUMMER TUITION ASSISTANCE** CONSIDERATION:

☑ VALID CLASS **SCHEDULE** (MUST SHOW STUDENT NAME, SCHOOL NAME, COURSE TITLE, CREDITS AND TERM)
☑ ITEMIZED SUMMER **BILLING STATEMENT** FROM THE SCHOOL (ELECTRONIC OR PAPER COPY)
☑ COPY OF THE **FINANCIAL AID AWARD LETTER** FROM THE SCHOOL (ELECTRONIC OR PAPER COPY)
☑ PROVIDE AN **OFFICIAL GRADE TRANSCRIPT** TO CLOSE OUT PREVIOUS FUNDING TO DETERMINE ELIGIBILITY

STUDENT CONSENT & RELEASE OF INFORMATION

The information given by me on this form is accurate and complete to the best of my knowledge. I give permission for all information on this form to be shared among the BIA, the Ho-Chunk Nation, the State, and Financial Aid Office at my school. **I acknowledge my responsibility for school payment until financial aid eligibility is determined, awarded and sent to the Financial Aid Office.**

SIGNATURE OF APPLICANT _____ DATE _____

TO BE COMPLETED BY THE HO-CHUNK NATION TRIBAL ENROLLMENT OFFICER

The above named applicant is an enrolled Ho-Chunk Nation member, and is _____degree Ho-Chunk blood according to available records 439A00_____ _____ _____ _____

Enrollment # | Member's Name on File | Certifying Official | Date