

# Post Secondary Student Loan



## Contact Information:

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

The Ho-Chunk Nation Post Secondary Student Loan (PSSL) Program is a support program to provide financial assistance to Ho-Chunk students **18 years of age and older** who are completing their education at a non-profit Title IV institution.

Eligible students may receive an interest-free loan for a maximum of \$2,500.

**\*\*Additional information may be required for approval for each allowable expense, e.g. receipts, budget breakdown, etc.\*\***

### The PSSL may be used for the following purposes only:

1. Tuition, required fees, and books, if the applicant is not eligible for other educational aid;
2. Computer purchase, and related equipment;
3. A once-in-a-lifetime relocation cost assistance not to exceed \$1,000;
4. Defaulted student loans;
5. Conference/Workshop, Study Abroad

***The PSSL shall not be used for the following purposes: Fees, fines, legal expenses, child support payments, or personal expenses.***

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

439A00-

TRIBAL ID NUMBER

LAST NAME

FIRST NAME

MI

DATE OF BIRTH (MM/DD/YY)

PHONE  E-MAIL  MAIL

SCHOOL NAME

DEGREE

PREFERRED COMMUNICATION

MAILING ADDRESS

CITY

STATE

ZIP

PRIMARY PHONE NUMBER

CELL  LAND  
LINE

PREFERRED EMAIL

### Purpose of the Loan (Intended use of Loan)

***\*Loans are subject to availability of funds and may be suspended without advance notice. Application materials become the property of the Ho-Chunk Nation Higher Education Division upon receipt.***

**Vendor Information:** Check(s) should be made out to the following:

1. \_\_\_\_\_

|                       |              |                  |
|-----------------------|--------------|------------------|
| VENDOR NAME           | ADDRESS      | CITY             |
| _____                 |              | \$ _____         |
| STATE                 | ZIP          | AMOUNT REQUESTED |
| _____                 |              |                  |
| VENDOR CONTACT PERSON | PHONE NUMBER | EMAIL ADDRESS    |

2. \_\_\_\_\_

|                       |              |                  |
|-----------------------|--------------|------------------|
| VENDOR NAME           | ADDRESS      | CITY             |
| _____                 |              | \$ _____         |
| STATE                 | ZIP          | AMOUNT REQUESTED |
| _____                 |              |                  |
| VENDOR CONTACT PERSON | PHONE NUMBER | EMAIL ADDRESS    |

3. \_\_\_\_\_

|                       |              |                  |
|-----------------------|--------------|------------------|
| VENDOR NAME           | ADDRESS      | CITY             |
| _____                 |              | \$ _____         |
| STATE                 | ZIP          | AMOUNT REQUESTED |
| _____                 |              |                  |
| VENDOR CONTACT PERSON | PHONE NUMBER | EMAIL ADDRESS    |

**Permission to Verify:** By signing below, I hereby give permission to the Ho-chunk Nation Higher Education Division to verify vendor information provided on this loan application and to verify sufficient availability of my Per Capita funds for PSSL repayments.  
**This authorization is valid for 60 days from the date of signature.**

**Per Capita Waive & Assignment:** I, \_\_\_\_\_, upon receipt of the Post Secondary Student Loan do hereby waive my rights to \$500 of my next Per Capita distribution and \$500 of every succeeding Per Capita distribution until the Post Secondary Student Loan has been paid in full.

I understand that I am required to maintain enrollment for the academic year, excluding summer, and that I am required to submit a written explanation of any changes affecting my PSSL as per the agreement in the Per Capita waiver and assignment statement to the Ho-Chunk Higher Education Division.

I understand that I will be in default if I fail to make a payment on every quarterly Per Capita disbursement date and if an outstanding scheduled payment balance is remaining after two (2) weeks. Additionally, I recognize that if I falsify or fail to disclose pertinent information or misuses funds, the loan agreement is breached and constitutes a default. I understand that in the case of a default, the entire unpaid amount of a loan will become due immediately and payable on the date of declaration of default by the Higher Education Division. Additionally, I recognize that the Higher Education Division may assess a penalty **up to 10%** of the original loan balance of any borrower who defaults in any payment, misrepresents, or omits information, does not maintain enrollment in school, or does not have sufficient funds for repayments.

I have read and fully understand the Post Secondary Student Loan Policy which includes eligibility, borrowers' responsibilities, repayment, and default penalties.

\_\_\_\_\_  
 STUDENT SIGNATURE \_\_\_\_\_  
 DATE

|  |
|--|
| <b>For Office Use:</b> <b>Date Entered:</b> _____ <b>Staff Initials:</b> _____ |
|--|