



2018 SUMMER TUITION ASSISTANCE

HIGHER EDUCATION DIVISION
P.O. Box 667
Black River Falls, WI 54615
(800) 362-4476
Fax: (715) 284-1760
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 <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	MI	PREVIOUS/MAIDEN NAME <input type="checkbox"/> PHONE <input type="checkbox"/> E-MAIL <input type="checkbox"/> MAIL
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YY)	GENDER	PREFERRED COMMUNICATION	

MAILING ADDRESS (WHILE ATTENDING SCHOOL)	CITY	STATE	ZIP
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PERMANENT ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)	CITY	STATE	ZIP
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PRIMARY PHONE NUMBER	ALTERNATE PHONE NUMBER	PRINT EMAIL
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FAFSA FILING DATE (MM/YY)	COLLEGE/UNIVERSITY YOU WILL ATTEND	COLLEGE/UNIVERSITY LOCATION: CITY, STATE
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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
- PROVIDE AN **ACCEPTANCE/ADMISSION LETTER**
- COPY OF **CDIB (CERTIFICATE DEGREE OF INDIAN BLOOD)**, IF NOT PREVIOUSLY PROVIDED

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 eligibility is determined, awarded and sent to the school.**

SIGNATURE OF APPLICANT

DATE