

Post Secondary Student Loan



Contact Information:

(800) 362-4476 • higher.education@ho-chunk.com • P.O. Box 667 Black River Falls, WI 54615 • Fax: 715-284-1760

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) / /

MAILING ADDRESS

CITY

STATE

ZIP

() -
PRIMARY PHONE NUMBER

CELL LAND
LINE

PREFERRED EMAIL

PHONE E-MAIL MAIL

SCHOOL NAME

DEGREE

PREFERRED COMMUNICATION

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

For Office Use: Date Entered: _____ Staff Initials: _____
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