



**2020 SUMMER  
HO-CHUNK SCHOLARSHIP**

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
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Social Security Number	Date of Birth (mm/dd/yy)	Gender	Preferred Communication
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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 E-mail
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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

U.S. Veteran :  Yes  No      Military Benefits:  State  Federal  Parent/Spouse  Tuition Discount

Present Employment Status: Employed:  Yes  No      Work status while attending school:  Full-time  Part-time

Current Ho-Chunk Nation Employee:  No  Yes      Department: \_\_\_\_\_      Division: \_\_\_\_\_

I understand that it is my responsibility to report changes regarding my contact information (address, phone and e-mail) enrollment status, and changes to my financial aid to the Higher.education@ho-chunk.com student e-mail. \_\_\_\_\_ Initial

Additional information needed for **Ho-Chunk Summer Scholarship** 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. By signing this application I am granting permission for my post-secondary institution or my prospective institution to share my information, including STUDENT FAFSA RECORD INFORMATION to the Ho-Chunk Nation Higher Education Division. I give permission for my financial aid and academic information to be shared among the following funding agencies: Bureau of Indian Affairs, Ho-Chunk Nation, State, the Financial Aid Office, and Academic Advisors at my school. I understand I may be required to complete a separate release of information for any additional inquires.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Student's Legal Name (printed)

\_\_\_\_\_  
Date