College Access Program

Contact Information:

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

The purpose of the College Access Program (CAP) is to assist Ho-Chunk members with payment of fees necessary to gain acceptance into the post secondary, nonprofit school of their choice.

ALL APPLICANTS MUST MEET THE FOLLOWING ELIGIBILITY REQUIREMENTS:

1. Complete and submit a Ho-Chunk Scholarship Application.
2. Complete and submit a College Access Program Application and supporting documentation.
3. Submit a copy of test/exam results, transcripts, and original receipts within one year of payment date.
4. Submit a copy of your Certified Degree of Indian Blood (CDIB)
5. Current high school students have made full use of the programs offered by School and Community Relations.

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

FUNDING PURPOSE (please check all that apply)

☐ EXAM TESTING FEES ☐ APPLICATION FEES ☐ PREPARATORY COURSE FEES

AMOUNT OF REQUEST $_____ CHECK PAYABLE TO: _____

This application must be accompanied by supportive documentation

(i.e. original receipts and invoices, amount of expenses, etc).

Test/Exams & Prep Course Fees	Vocation/Technical College	4 Year College	Graduate	Maximum Funding
Application Fees:	2 Fees	4 Fees	6 Fees	
GED or HSED Test	High-School Testing			Up to $50
SAT/ACT Test	High-School Testing	2 Fees		Up to $100
SAT/ACT Prep Course				Up to $100
Placement Testing				Up to $50
Graduate Entrance Exams			2 Fees	Up to $500
Graduate Preparatory Course				*Up to $2,000

***Half Paid upon approval-Remainder paid after enrollment in graduate program**

STATEMENT OF CERTIFICATION

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