

## Academic Year 2022-2023



Dear Ho-Chunk Student,

The Higher Education Division is committed to helping you attain your educational and professional goals. In order to be considered for a Ho-Chunk Scholarship, you must meet the following requirements:

- Be an enrolled Ho-Chunk member;
- Be interested/accepted/enrolled in a progressive degree program at an accredited Title IV non-profit institution of higher learning (subject to approval);
- Properly file a Free Application for Federal Student Aid (FAFSA) each academic year;
- Complete the Ho-Chunk Scholarship Application prior to the **absolute deadline** - first day of class; (we recommend to complete and submit the application **90 days** prior to your start date)

Funding maximums are determined by type of degree program you are pursuing and are prorated for part-time attendance. Funding is determined by standard semester terms, students pursuing coursework online, evening classes, or attending quarter based schools; your terms will be calculated into an equivalent semester ratio.

The following is needed to complete the funding process:	Timeline
1. <b>Ho-Chunk Scholarship Application (HSA)</b> Complete one application each academic year	Submit an HSA early to allow for processing time
<i>Academic Year includes both fall and spring terms; Applications will not be processed after the absolute deadline (first day of classes)</i>	
2. File the <b>Free Application for Federal Student Aid (FAFSA)</b>	File/update annually at: <a href="http://www.fafsa.gov">www.fafsa.gov</a>
3. <b>Acceptance Letter:</b> Technical/two-year campus students <b>Admission Letter:</b> Four year and graduate students	As soon as possible
4. <b>Class schedule</b> , which includes your name, academic term, school name, and number of credits	As soon as you register
5. School's itemized <b>billing statement</b> , which includes your name, academic term, school name, and breakdown of expenses	As soon as it is posted to your account
6. <b>Financial Aid Award Summary</b> provided by the school	As soon as it is posted to your account
7. <b>Official transcript</b> (if previously funded)	As soon as grades are posted for term
8. Copy of your <b>Certificate Degree of Indian Blood (CDIB)</b>	As soon as possible

Funding of Last Resort Clause: Full-time students accepted into a four year program, and determined by the school's Financial Aid Office as need-based, may require some original documents due to federal funding source.

For more information visit: <https://ho-chunknation.com/government/executive-branch/education/>  
E-mail us at: [higher.education@ho-chunk.com](mailto:higher.education@ho-chunk.com)



## Student Rights and Responsibilities

As a participant in the Ho-Chunk Nation Scholarship Program:

1. I agree that participation in this program is **strictly voluntary**; once an award is used, I acknowledge my requirement to abide by the minimum qualifications of the scholarship. I further understand violations may result in repayment of the award in full.
2. I hereby acknowledge that I have read and fully understand the rules, terms, and conditions of the Higher Education Division Operating Policy and agree to abide by said rules, terms, and conditions of the policy and scholarship award letter.
3. I understand that my failure to comply with all such rules, terms and conditions, currently existing or as amended or modified in the Higher Education Division Operating Policy, may result in probation, suspension and/or a financial obligation that is my responsibility.
4. I understand and agree if I withdraw, drop out, or am expelled from any classes, or if I reduce the initial number of credits, or classes taken, I must provide written notification to the Higher Education Division immediately as funding may result in the return of scholarship funding to the Ho-Chunk Nation Higher Education Division. I further understand that failure to do so may result in my probation, suspension and/or a financial obligation that is my responsibility.
5. I understand that the Ho-Chunk Nation assumes no responsibility and no liability for any effects that the Scholarship Program may have on any other funding anticipated or actually received by the participant, including but not limited to; Welfare, Social Security, Supplemental Security Income (SSI), Medicare, or other grants, scholarships and/or fellowships provided by any private, state, or federal entities currently existing or created in the future.
6. I acknowledge that the funding process may take several weeks to complete, and that it is in my best interest to apply early. I understand that the Ho-Chunk Scholarship I am applying for cannot be processed until all supporting documents have been submitted by me.
7. **I further acknowledge my financial responsibility for school fees and charges until awarded and sent to the school.**
8. I understand and agree that funds may be returned due to changes in my enrollment status or failure to maintain Satisfactory Academic Progress (SAP).
9. When applicable, I understand that it is my responsibility to **report the value of my Per-Capita Trust Fund(s)** when I complete my FAFSA.
10. I further understand if assets are not properly listed on the FAFSA, it will delay or make me ineligible for Ho-Chunk Scholarship until it is resolved.
11. I understand my tax filing responsibility to claim all required per-capita payments I receive from the Ho-Chunk Nation on my taxes and FAFSA each year.

For policy information visit: <https://ho-chunknation.com/government/executive-branch/education/>

**Academic Year 2022-2023**



**Ho-Chunk Nation Scholarship Application**

439A00-

Tribal ID Number	Legal Last Name	First Name	MI	Previous/Maiden name/AKA
-	-	/	/	<input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Mail
Social Security Number	Date of Birth (MM/DD/YY)	Preferred Name	Preferred Communication	
Mailing Address (while attending school)		City	State	Zip
Permanent Address (if different from mailing address)		City	State	Zip
( )	-	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Primary Phone Number	Print E-Mail		Gender	

FAFSA Filing Date (MM/YY)	College/University you will attend	College/University Location: City/State
		Completion of 2020 Income Tax Filing? <input type="checkbox"/> Y <input type="checkbox"/> N (Including only required per-capita payments)
Marital Status	Number of Dependents	
Previous Highered funding received: <input type="checkbox"/> Y <input type="checkbox"/> N	List Years: _____	

I have read and agree to the Ho-Chunk Nation Higher Education Operation Policy, Student Rights and Responsibilities, which include my responsibility to file the appropriate taxes on my Ho-Chunk Nation per-capita payments and trust fund(s) listed on page (2). I acknowledge my responsibility for payment of all school charges and fees until my scholarship has been determined, awarded, and sent to the school. I further acknowledge scholarship funds may be returned due to changes in enrollment status or failure to maintain Satisfactory Academic Progress (SAP).  Y  N

**Parental Information:**

Father's Name: _____	Tribal Affiliation: _____
Mother's Maiden Name: _____	Tribal Affiliation: _____

**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 inquiries.

Student Signature	Student's Legal Name (printed)	Date
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## Student Profile

To better suit your educational needs, we want to know more about you. Please tell us about your education goals. Secondly, what are your career goals upon degree completion?

Describe the way in which you would be willing to contribute to the work of the Ho-Chunk Nation after you complete your degree program. It is our hope that our students will share their expertise with our people.

### Number of Credits Earned in Intended Degree:

Freshman 1-30     Sophomore 31-60     Junior 61-90     Senior 91-120     Graduate # cr. \_\_\_\_\_

### Current Degree Program:

Technical Diploma/Certificate     Associate     Bachelor's     Master's     Juris /Doctorate     Doctorate

Program/Major : \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Double Major/Minor: \_\_\_\_\_ Remaining Credits Needed to Graduate: \_\_\_\_\_

### Other Benefits/Employment:

U.S. Veteran:  N  Y    Military Benefits:  State  Federal  Military Discount  Parent/Spouse  N/A

Present Employment:    Employed:  N  Y    Work Status While Attending School:  Full-time  Part-time  N/A

Current Ho-Chunk Nation Employee:  N  Y    Department: \_\_\_\_\_    Division: \_\_\_\_\_

I am interested in receiving information on the following:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Academic Advising        | <input type="checkbox"/> Financial Advising | <input type="checkbox"/> Disability Services/Accommodations |
| <input type="checkbox"/> Internship Opportunities | <input type="checkbox"/> Study Abroad       | <input type="checkbox"/> Ho-Chunk Nation Employment         |

I understand that it is my responsibility to report changes regarding my contact information (legal name, address, phone, and e-mail), enrollment status, and changes to my financial aid to the **Higher.education@ho-chunk.com** student e-mail. I further understand it is my responsibility to **provide a degree audit report each year.**

\_\_\_\_\_  
Student Signature

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

\_\_\_\_\_  
Date