



Special Request Application

Bureau of Indian Affairs (BIA) Grant Funded Program

The **Special Request Computer Program** provides Emergency COVID Relief funding for computer and limited accessories post-secondary Ho-Chunk students enrolled in a Title IV regionally accredited non-profit institution for the 2022-23 Academic Year. Eligible students will be awarded and aid processed directly to the school.

439A00- _____ / ____ / ____

Tribal ID Number	Legal Last Name	First Name	MI	Date of Birth
Mailing Address		City	State	Zip
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Primary Phone Number	Preferred E-Mail		School ID #	
School Name	Major/Minor	Anticipated Graduation Date		

In some cases, you may be required to complete a budget adjustment so other financial aid will not be impacted and to meet the financial aid requirements at your school.

APPLICANTS ARE REQUIRED TO:

- Have completed the 2022-23 Ho-Chunk Scholarship Application(HSA) process for the upcoming academic year
- Be a degree seeking student and enrolled in coursework at a non-profit Title IV school
- Agree to provide the necessary documentation to process and close out the Special Request Application for Emergency COVID Relief Computer Program in a timely manner
- Provide a printout with an estimate of computer/accessories to purchase

Computer and accessories are limited to requirements for degree program(s) at your college or university. Justification may be requested and reviewed by Division for approval.

Computer/Accessories Description:	Model/item Number	Est Cost:
Estimated Tax & Total		
Provide a legible printout of items requested to Higher.education@ho-chunk.com		

STATEMENT of CERTIFICATION: 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 to share this information with the financial aid office at my institution. I also agree to provide proof of purchase to close out funding from this program within 10 business days. Once awarded, I understand I am required to pay any expense over the maximum award of \$1,200.00 for this program.

_____ / ____ / ____

Signature	Print Name	Date
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Award Date:	Proof of Purchase:
3 rd Party Billing #	School Contact:
Invoice Date:	Close Out Reviewed: