



Ho-Chunk Nation

Department of Education
PRE K-12 Educational Grant Program

**ALL INFORMATION IS REQUIRED EXCEPT EMAIL *APPLICANT MUST PROVIDE AT LEAST ONE TELEPHONE NUMBER
BOTH SIDES OF THIS APPLICATION MUST BE COMPLETED OR IT WILL NOT BE PROCESSED*

Student's Full Name: _____		Date of Birth _____	
Ho-Chunk Nation Enrollment #	439A00 _____	Date of Application: _____	
Parent/Guardian: _____		Grade: _____	
Mailing Address: _____		City	State Zip
Email	Telephone	School District	School Name

Grant Request Information

<i>Example:</i> <i>Field Trip Fees</i>	<i>Reimbursement</i>	<i>\$15.00</i>
Grant Title	Payment or Reimbursement?	Amount of Request \$

Total amount of Request: \$ 0

Household Information

Name	Date of Birth	Check One			Enrolled	Grade
		Parent/Guardian Other	Sibling	Applicant		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

SUBMIT ALL APPLICATIONS TO: HO-CHUNK NATION PRE K-12 PROGRAM PO BOX 667 BLACK RIVER FALLS, WI 54615

Updated 1/2009

Telephone: 715-284-4915 or (800)362-4476

Fax: 715-284-1760

Vendor Payment and Reimbursement Information

additional sheets may be attached if needed

Name _____

Address _____

City, State, Zip _____

Name _____

Address _____

City, State, Zip _____

Certification Statement and Information Release

I, _____ (*print name*) declare that the information provided by me on this application is true, correct and complete to the best of my knowledge and that if granted assistance I will use the funding only for educational purposes. I understand that I will be requested to repay, through legal means, all or a portion of the assistance granted if the funds are not used for the state purpose. I give my permission for all information on this form to be shared between the Ho-Chunk Nation, my State of Residence and any other pertinent agency or organization. I also give the Ho-Chunk Nation Education Department and its staff, permission to contact any or all school officials, persons or other individuals regarding this request for the purpose of gathering information to determine grant status, approval and program compliance. If the circumstances surrounding this application change, including the amount of funding eligibility, I will immediately inform the Pre K-12 Educational Grant Program.

Parent/Guardian Signature _____ Date _____

Program Compliance and Appeal Acknowledgement

I, _____ (*print name*) understand that the Pre K-12 Educational Grant Program is a supplemental funding program. I also understand that as a parent/guardian, I maintain sole responsibility for meeting my child(rens) entire educational funding needs. I further understand that all applications are subject to approval and funding availability. I also understand that funding for this program is limited and therefore is awarded on a first come, first served basis. Incomplete applications will not be considered and I understand that it is my responsibility to make sure that I complete and provide all requested information. I also understand that applications that are incomplete or are missing some or all of the requested information will not be processed until all the information is submitted by me to the Pre K-12 Educational Grant Program staff. I understand that I will be notified by letter, email or telephone of any missing or insufficient information that is required in order for my application to be processed. The Ho-Chunk Nation is not responsible for application completion, information gathering, vendor contacts or any other parent/guardian/applicant responsibilities with regard to the application for grant benefits as outlined in the Pre K-12 Educational Grant Program guidelines.

I further understand that in the event that I have complied with all Program Guidelines and deadlines and I submitted all requested information and I my application is denied for reasons other than non-compliance or a lack of funding, I may appeal that decision and that I must do so in writing, through certified mail at each level to the follow staff members within the prescribed timeframe. Within 5 business days of the receipt of a decision I must contact the Division Manager with my appeal. The Division Manager has 5 Business days to send a respond to my appeal. If I do not receive a response within 7 business days from the date my grievance was received by the Division Manager I may file my appeal with the Executive Director of Education. The Executive Director of Education will respond to my appeal within 10 business days IF it is the decision of the Executive Director of Education to overturn my denial. I understand that the Executive Director of Education has the final authority in the decision process and if I do not receive a response within 12 business days from the date my appeal was received by the Executive Director of Education, I must accept that my appeal was not granted. I understand that filing an appeal will not negatively impact my right to apply for future benefits through this Program and will not be held against any future applications that I make.

Parent/Guardian Signature _____ Date _____

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updated 3/2010

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Applications submitted without both signatures will be returned as incomplete. These statements must be read, signed and dated.