



2023 SUMMER HO-CHUNK SCHOLARSHIP

Higher Education Division
P.O. Box 667
Black River Falls, WI 54615
higher.education@ho-chunk.com
(800) 362-4476 fax (715) 284-1760

Incomplete and/or illegible applications will be returned to the student

439A00-

Form fields for personal information: Tribal ID Number, Last Name, First Name, MI, Previous/Maiden Name, Social Security Number, Date of Birth, Gender, Mailing Address, Permanent Address, Primary Phone Number, Alternate Phone Number, Print E-mail.

FAFSA Filing Date (mm/yy), College/University you will attend, College/University location: City, State, Current year in school/credits earned for intended degree.

Checkboxes for academic and status information: Freshman 1-30, Sophomore 31-60, Junior 61-90, Senior 91-120, Graduate # of credits in program, Degree Seeking, U.S. Veteran, Present Employment Status, Current Ho-Chunk Nation Employee.

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. 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 (which includes your name, academic term, school name, and breakdown of expenses)
Copy of the financial aid award letter from the school (electronic or paper copy)
Provide an official grade transcript (if previously funded) to determine eligibility
Provide an acceptance/admission letter (for current program) if not previously provided
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

Scholarship consideration requires the applicant to accurately complete a FAFSA which requires tax filing