



# 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 to post-secondary Ho-Chunk students enrolled in a Title IV regionally accredited non-profit institution for the current academic year. Eligible students will be awarded and aid processed directly to the school.

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Tribal ID Number	Legal Last Name	First Name	MI	Date of Birth
Mailing Address		City	State	Zip
( ) -				
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 a current academic year Ho-Chunk Scholarship Application(HSA)
- 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:
<b>Estimated Tax &amp; Total</b>		
Provide a legible printout of items requested to <a href="mailto:Higher.education@ho-chunk.com">Higher.education@ho-chunk.com</a>		

**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.

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