



**2024 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-

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

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

Freshman 1-30 Sophomore 31-60 Junior 61-90 Senior 91-120 Graduate Unsure

Degree Seeking: Technical Diploma/Certificate Associate Bachelor's Master's Juris Doctorate Doctorate

U.S. Veteran : Yes No Military Benefits: State Federal Parent/Spouse Tuition Discount

Present Employment Status: Employed: Yes No Work status while attending school: Full-time Part-time

Current Ho-Chunk Nation Employee: No Yes Department: _____ Division: _____

I understand that it is my responsibility to report changes regarding my contact information (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 from the school (electronic or paper copy)
 - 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 inquiries.

Signature of Applicant	Student's Legal Name (printed)	Date
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Scholarship consideration requires the applicant to accurately complete a FAFSA which may require tax filing