

**RED CLIFF BAND OF LAKE SUPERIOR CHIPPEWAS
EDUCATION DEPARTMENT 88385 PIKE ROAD, HWY 13 BAYFIELD, WI 54814
NATIVE AMERICAN SCHOLARSHIP APPLICATION**

PART 1 - TO BE COMPLETED BY APPLICANT FOR SCHOOL YEAR _____ TO _____						DATE RECEIVED _____	
Social Security No. _____		Mr. ___ Last Name _____ Mrs. ___ Ms. _____		First _____ Middle _____ Maiden _____		Single ___ Married ___ Div ___ Sep ___ No. of Dependents _____	Date of Birth _____
Permanent Home Address _____		Street _____		City _____ State _____ Zip Code _____		Telephone _____	
Name & Address of H.S. Attended _____				Type of H.S. (circle) Public Private BIA GED HSED		Graduation Date _____	
Name & Address Of Institution You Plan To Attend _____			Year in School (circle) 1st 2nd 3rd 4th Grad		Enrollment Status (circle) Full Time Part Time		Term Attending (circle) Fall Winter Spring Summer
Major Course of Study _____		Minor _____		Expected Degree (circle) AA BA BS MA Other _____		Expected Graduation Date _____	
Father's Name _____				Tribe/Reservation _____			
Mother's Maiden Name _____				Tribe/Reservation _____			
STUDENT STATEMENT (Important - Read Carefully)							
I declare that the information given by me on this form is true, correct and complete to the best of my knowledge and that if granted assistance I will use it only for education, expenses and purposes. I give my permission for all information on this form to be shared between the BIA, Tribe, State and the Institution's Financial Aid Office. I further agree that I will apply for any and all aid available to me and I agree to send a copy of my transcript or grades to the tribe at the end of each academic period.							
Signature of Applicant _____						Date _____	
Part II - To Be Completed By Tribal Enrollment Office							
I certify that the above named applicant is a member of the _____ Tribe and is _____ degree of Indian Blood according to available records.							
Eligible for BIA Services _____ Ineligible for BIA Services _____							
Certifying Official Signature _____						Date _____	
Part III - To Be Completed By The Financial Aids Officer							
BUDGET PERIOD FROM _____ / _____ / _____ TO _____ / _____ / _____		FULL TIME _____ PART TIME _____		NUMBER OF CREDITS _____			
STUDENT IS CONSIDERED: _____ DEPENDENT _____ INDEPENDENT							
SCHOOL EXPENSES:				RESOURCES:			
Tuition and Fees \$ _____		Books and Supplies \$ _____		Room and Board \$ _____		Personal Expenses \$ _____	
Transportation \$ _____		Other \$ _____		Student/Spouse Contribution \$ _____		Parental Contribution \$ _____	
TOTAL EXPENSES \$ _____				Veterans Benefits \$ _____		Social Security \$ _____	
				DVR \$ _____		Other \$ _____	
				TOTAL RESOURCES \$ _____		ASSESSED NEED \$ _____	
WE HAVE MADE THE FOLLOWING AWARDS:							
Pell Grant \$ _____		SEOG \$ _____		Tuition Grant \$ _____		WHEG \$ _____	
State Indian Grant \$ _____		Minority Retention Grant \$ _____		College Work/study \$ _____		Parkins Loan \$ _____	
		Subsidized Loan \$ _____		Unsubsidized Loan \$ _____		Scholarship \$ _____	
						SSIG \$ _____	
						Other \$ _____	
						Other \$ _____	
BIA/Tribal Grant: Sem/Otr 1 \$ _____		2 \$ _____		3 \$ _____		4 \$ _____	
						TOTAL \$ _____	
Signature of Financial Aid Officer _____						Date _____	
						Name of Institution _____	

Original - Tribe

Yellow - Financial Aid Office

Pink - State

Golden - Student