

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

<b>PART 1 - TO BE COMPLETED BY APPLICANT FOR SCHOOL YEAR _____ TO _____</b>					<b>Date Rec'd. Education Dept. _____</b>			
Social Security No.		Last Name	First	Middle	Maiden	Date of Birth		
Permanent Home Address		Street		City		State	Zip Code	
Telephone		Name & Address of H.S. Attended					H.S. Graduation Date	
		Public	Private	BIA	GED	HSED		
Name & Address Of Institution You Plan To Attend		Year in School (circle)		Enrollment Status (circle)		Term Attending (circle)		
		1st	2nd	3rd	4th	5th	Full Time	
		Part Time	Fall	Winter	Spring	Summer		
Major Course of Study		Minor	Expected Degree (circle)				Expected Graduation Date	
		AA	BA	BS	MA	Other _____		
Father's Name				Tribe/Reservation				
Mother's First & Maiden Name				Tribe/Reservation				
<b>STUDENT STATEMENT (Important - Read Carefully)</b>								
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 educational expenses and purposes. I give my permission for all information on this form to be shared between the theTribe,State and the institution's Financial Aid Office. I further agree that I will apply for any and all aid available to me and agree to provide my grades to the Tribe as outlined in the Education Department's Policy, Guidelines & Requirements.								
Signature of Applicant				Date				
<b>Part II - To Be Completed By Tribal Enrollment Office</b>								
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 Tribal Services _____		
						Ineligible for Tribal Services _____		
Certifying Official Signature				Date				
<b>Part III - To Be Completed By The Financial Aids Officer</b>								
BUDGET PERIOD FROM _____/_____/_____ TO _____/_____/_____		FULL TIME _____		PART TIME _____		NUMBER OF CREDITS _____		
STUDENT IS CONSIDERED: _____ DEPENDENT _____ INDEPENDENT								
<b>SCHOOL EXPENSES:</b>				<b>RESOURCES:</b>				
Tuition and Fees		\$ _____		Student/Spouse Contribution		\$ _____		
Books and Supplies		\$ _____		Parental Contribution		\$ _____		
Room and Board		\$ _____		Veterans Benefits		\$ _____		
Personal Expenses		\$ _____		Social Security		\$ _____		
Transportation		\$ _____		DVR		\$ _____		
Other		\$ _____		Other		\$ _____		
TOTAL EXPENSES		\$ _____		TOTAL RESOURCES		\$ _____		
				ASSESSED NEED		\$ _____		
<b>WE HAVE MADE THE FOLLOWING AWARDS:</b>								
Pell Grant		\$ _____		Minority Retention Grant		\$ _____		
SEOG		\$ _____		College Work/study		\$ _____		
Tuition Grant		\$ _____		Perkins Loan		\$ _____		
WHEG		\$ _____		Subsidized Loan		\$ _____		
State Indian Grant		\$ _____		Unsubsidized Loan		\$ _____		
Scholarship		\$ _____		SSIG		\$ _____		
Other		\$ _____		Other		\$ _____		
Other		\$ _____		Other		\$ _____		
<b>Recommended Tribal Grant:</b>								
Sem/Qtr 1		\$ _____	2	\$ _____	3	\$ _____	4	
TOTAL		\$ _____						
Signature of Financial Aid Officer				Date		Name of Institution		