

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

PART I - TO BE COMPLETED BY APPLICANT FOR SCHOOL YEAR _____ TO _____ Date Rec'd. Education Dept. _____

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			Type of H.S. (circle) Public Private BIA GED HSED			H.S. 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 First & 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 educational expenses and purposes. I give my permission for all information on this form to be shared between the the 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 agree to provide my grades to the Tribe as outlined in the Education Department's Policy, Guidelines & Requirements.

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 Tribal Services _____
Ineligible for Tribal 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	\$ _____	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	\$ _____

WE HAVE MADE THE FOLLOWING AWARDS:

Pell Grant	\$ _____	Minority Retention Grant	\$ _____	Scholarship	\$ _____
SEOG	\$ _____	College Work/study	\$ _____	SSIG	\$ _____
Tuition Grant	\$ _____	Perkins Loan	\$ _____	Other	\$ _____
WHEG	\$ _____	Subsidized Loan	\$ _____	Other	\$ _____
State Indian Grant	\$ _____	Unsubsidized Loan	\$ _____	Other	\$ _____

Recommended Tribal Grant:
Sem/Qtr 1 \$ _____ 2 \$ _____ 3 \$ _____ 4 \$ _____ TOTAL \$ _____

Signature of Financial Aid Officer _____ Date _____ Name of Institution _____