

**Flandreau Santee Sioux Tribe Education Department
HIGHER EDUCATION STUDENT HANDBOOK**

BIA/AVT/TRIBAL HIGHER EDUCATION SCHOLARSHIP APPLICATION

Applying to attend school: Full Time Part Time

Semester: Fall 20____ Spring 20____ Summer 20____

Quarter: Fall 20____ Winter 20____ Spring 20____ Summer 20____

I am applying for: BIA Higher Education Grant BIA Adult Vocational Training (AVT) Grant

FSST Higher Education Scholarship FSST Wowapi Scholarship

Name _____
Last First Middle Maiden

Mailing Address _____ City State ZIP

Permanent Address _____ City State ZIP

(____) _____ (____) _____
Primary Phone Number Secondary Phone Number: Email Address

Social Security Number _____ Tribal Enrollment Number _____

Date of Birth: _____ Sex: Male Female Veteran: Yes No
(month/day/year)

Marital Status: Married Divorced Separated Single

Number of Dependents _____ Age of Dependents _____

High School/GED _____
Name Address Graduation/Certificate Date

College/School to Attend: _____

School Address _____ City State ZIP

College/School Class: Freshman Sophomore Junior Senior Graduate Other: _____

Expected Degree _____ AA BA BS MA Other

Major _____ Year to Graduate _____

Have you ever received a previous Higher Education or Adult Vocational Training Grant? Yes No

If yes, list Institution(s) attended and year(s) _____

Have you completed and submitted your Financial Aid Application (FAFSA)? Yes No

Answer all items completely. Incomplete applications will not be processed.

I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to necessary agencies to complete my financial aid package. I request that any BIA grant awarded to me be mailed to me in care of the **Financial Aid office** of the institution. I will provide a copy of my grades or transcripts to the FSST Education Office at the end of each academic term

Signature of Student Date

For Office Use Only: Student Status: <input type="checkbox"/> New Student <input type="checkbox"/> Returning Student <input type="checkbox"/> Transfer Student <input type="checkbox"/> Continuing Student
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PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT

This information is provided pursuant to Public Law 93-59 (Privacy Act 1974), December 31, 1974. Although furnishing personal information to this office is voluntary, failure to supply complete and accurate information may preclude the applicant from eligibility for assistance under this program.

This information is being collected to determine eligibility of individuals applying for services. This information will be used to produce statistical records required of the Office of Indian Education Programs. Response to this request is required to obtain a benefit.

I have read the above statement. I hereby provide the required information and authorize the use of such information to the extent of uses specified in this statement.

Signature of Student

Date

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BIA/AVT/TRIBAL HIGHER EDUCATION SCHOLARSHIP CERTIFICATION AND AGREEMENT

I certify that I have received and have thoroughly read the Flandreau Santee Sioux Tribe's Adult Vocational Training and Higher Education Guidelines and fully understand the rules and regulations as outlined in the document. I further understand I must adhere to the rules and regulations of the Flandreau Santee Sioux Tribe's Higher Education Program as outlined in the guidelines.

I hereby apply to attend the school indicated on this application and agree to follow all rules, regulation and attendance requirements of the school and to the best of my ability will satisfactorily complete the courses, which I have selected. I further agree that the funds issued for educational purposes will be used for such purpose or repayment will be required.

If repayment is required, the undersigned, _____, hereby assigns to Flandreau Santee Sioux Tribe, a Federally Recognized Indian tribe, from my monthly per capita payment pursuant to Title 19, FSST ordinance which I, _____ may be entitled to receive. The amount of \$200 per month until sums due have been paid in full unless prior arrangements have been made.

I understand that if I withdraw before the quarter/semester is over for any reason, I will be placed on funding suspension. The student who is on funding suspension shall not be considered for future funding until the recipient completes an academic term by their own means and meets the minimum requirements. The number of credits must meet the number of credits funded previous to suspension.

I agree that I will provide grade reports regarding my progress, give updated address information and furnish other information as requested by the Flandreau Santee Sioux Education Office in a timely manner. I understand that as a undergraduate student, I am required to be enrolled in an accredited institution and maintain a term and cumulative Grade Point Average of at least a 2.0 or above. I understand that as a graduate student, I am required to be enrolled in an accredited institution and maintain a term and cumulative Grade Point Average of at least a 3.0 or above.

I understand that submitting application for educational funding does not guarantee that I will be funded, and that monies are awarded based on funds available in comparison to the number of students applying for educational funds.

Signature of Student

Date

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BIA/AVT/TRIBAL HIGHER EDUCATION SCHOLARSHIP INFORMATION RELEASE FORM

PURPOSE: The Flandreau Santee Sioux Education Office uses this authorization and the information obtained with it to administer and determine eligibility for education programs.

AUTHORITY:

I do hereby authorize the release of any and all information regarding my case file as it relates to the eligibility / application for assistance from the Flandreau Santee Sioux Education Office. This authorization includes and is limited to the following:

- *Grade Reports and Transcripts; Progress Reports/ Updates
- *Attendance Verification
- *Financial Aid Transcripts, Budget Summaries, Program Awards
- *Personal Reports regarding program participation and/or requirements

This information is permitted to be released to: The Flandreau Santee Sioux Education Office, which includes the Flandreau Santee Sioux Tribe's (FSST) Education Coordinator, Education Assistant, Higher Education Committee and/or Executive Committee.

In addition, my signature allows the Flandreau Santee Sioux Education Office to release my case file information to the following agency/ institution/ person (including **parents, spouses** or other family members, as well any other tribal programs such as the Per Capita Committee.):

I agree that photocopies of this authorization may be used for the purpose stated above.

Student Name (please print)

Last four digits of Social Security Number

Signature of Student

Date

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FSST PER CAPITA RELEASE FORM

PURPOSE: The Flandreau Santee Sioux Education Office uses this authorization and the information obtained with it to administer and determine eligibility for education programs.

AUTHORITY:

I do hereby authorize the release of any and all information regarding my case file as it relates to the eligibility / application for assistance from the Flandreau Santee Sioux Education Office. This authorization includes and is limited to the following:

*My Residency Status (On/Off Reservation)

This information is permitted to be released to: The Flandreau Santee Sioux Education Office, which includes the Flandreau Santee Sioux Tribe's (FSST) Education Coordinator, Higher Education Committee and/or Executive Committee.

Student Name (please print)

Last four digits of Social Security Number

Signature of Student

Date