

ST. CROIX CHIPPEWA INDIANS OF WISCONSIN

24663 Angeline Ave. | Webster, WI 54893 | Phone: (715) 349-2195 Ext. 5300 | Fax: (715) 349-7905



ST. CROIX FINANCIAL AID AWARD

St. Croix Education Department requires current grades, class schedules and tuition bill to determine qualification.

Application #:

PART I: TO BE COMPLETED BY STUDENT

School Year 20 _____ - 20 _____

Date Received: _____

Previously Applied: Yes No

Last Name

First Name

M.I.

Maiden

Marital Status: Single Married Divorced

Date of Birth

Tribal ID #

Home Address

City

State

Zip Code

Telephone Number

E-mail Address

Name and Address of High School Attended - Type of high school: Public Private BIA GED HSED

Graduation Date

Name and Address of Institution you plan to attend Status: FR. SO. JR. SR. Graduate Credits: _____ Term Attending: Fall Winter Spring Summer

Major Course of Study

Expected Degree Associates Bachelors Masters Doctorate

Father's Name

Tribe/Reservation

Date of Birth

Mother's Maiden Name

Tribe/Reservation

Date of Birth

STUDENT STATEMENT OF CERTIFICATION - 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, and agree that this information may be shared between the Bureau of Indian Affairs, Tribe, State and the institution. I further agree that I will contact the financial aid office of the institution I have selected and will apply for financial aid available to me. I request the financial aid office to notify the BIA-State-Tribe of my financial need and authorize any school I am attending to release a copy of my transcript to the BIA-State-Tribe at the end of each academic period. I request that any Bureau scholarship funds awarded to me be mailed to me in care of the financial aid or business office at the institution I attend.

Signature of Student/Applicant

Date

PART II: TO BE COMPLETED BY TRIBAL ENROLLMENT OFFICE

I certify that the above named applicant is a member descendant of the _____

Tribe and is _____ degree of Indian blood according to available records.

Signature of Certifying Official

Date

PART III: TO BE COMPLETED BY THE FINANCIAL AID OFFICER (SUBMIT COPIES TO TRIBE AND HEAB)

BUDGET PERIOD FROM ____ / ____ / ____ TO ____ / ____ / ____

Full-time Part-time Number of credits: _____ Student is considered: Dependent Independent

SCHOOL EXPENSES			
Tuition and Fees	\$ _____	Tutoring Services	\$ _____
Books and Supplies	\$ _____	Special Needs	\$ _____
Room and Board	\$ _____	Uniforms/Shoes	\$ _____
Personal Expenses	\$ _____	Licences/Exam Fees	\$ _____
Transportation	\$ _____	Other	\$ _____
Childcare	\$ _____	Total Expenses	\$ _____
Rent	\$ _____	Assessed Need	\$ _____

RESOURCES	
Student/Spouse Contribution	\$ _____
Parental Contribution	\$ _____
Veterans Benefits	\$ _____
Social Security	\$ _____
DVR	\$ _____
Other	\$ _____
Total Resources	\$ _____

WE HAVE MADE THE FOLLOWING AWARDS			
Pell Grant	\$ _____	Minority Retention Grant	\$ _____
SEOG	\$ _____	College Work/Study	\$ _____
Tuition Grant	\$ _____	Perkins Loan	\$ _____
State Indian Grant	\$ _____	Subsidized Loan	\$ _____
		Scholarships	\$ _____
		SSIG	\$ _____
		WHEG	\$ _____
		Unsubsidized Loan	\$ _____
		Other	\$ _____

Signature of Financial Aid Officer _____

Name of Institution _____

Date _____

PART IV: AWARD POINT SYSTEM The St. Croix award committee will utilize the following point system to determine amount of award to be given.

Level of Education _____ H.S. Diploma-1 pt, 2 year degree-2 pts, 4 year degree-3 pts, Masters-4 pts, Doctorate-5 pts	Total Amount of Expenses _____ \$0-\$1,999.-1 pt, \$2,000.-\$3,999.-2 pts, \$4,000.-\$5,999.-3 pts, \$6,000.-\$7,999.-4 pts, \$8,000. and above-5 pts	Additional Financial Aid Assistance _____ 0-5 based on award committee
G.P.A. _____ 2.5-1 pt, 2.75-2 pts, 3.0-3 pts, 3.5-4 pts, 4.0-5 pts	Number of Dependents _____ 1-3 dependents-2 pts, 3-5 dependants-3 pts, 5-7 dependents-4 pts, 7 and above-5 pts	Special Needs _____ 0-5 based on how high of needs
Progress in IEP _____ 0-5, based on progress	Location of School/Work/Training _____ 0-100 miles-1 pt, 101-300 miles-2 pts, 301-500-3 pts, 501-800-4 pts, 801+--5 pts	Incentive (Dean's List/Presidential) _____ 0-5 based on award committee
Contingency _____ 0-5 based on requirements		Total Points _____
		Amount Awarded \$ _____

BIA/Tribal Grant	Sem./Qtr.	1	\$ _____	2	\$ _____	3	\$ _____	4	\$ _____	Total	\$ _____
Tribal Supplement	Sem./Qtr.	1	\$ _____	2	\$ _____	3	\$ _____	4	\$ _____	Total	\$ _____