Minnesota Office of Higher Education

MN Indian Scholarship Program MN Office of Higher Education 1450 Energy Park Dr., Suite 350 St. Paul, MN 55108 (800) 657-3866

MINNESOTA INDIAN SCHOLARSHIP PROGRAM **APPLICATION INSTRUCTIONS**

2015-2016

DUE: July 1st, 2015

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reach higher	(651) 642-0567		Page I
	Minne Minne 1450	ng application. Incomplete applications will not be Return the application to: sota Indian Scholarship Program esota Office of Higher Education) Energy Park Drive, Suite 350 St. Paul, MN 55108-5227	processed.
	PR	OGRAM INFORMATION	
¹ / ₄ or more Amer institutions in M enrolled at least completed a Free Students are elig students in less t one degree per u undergraduate stu	tican Indian ancestry and demonstrate linnesota. Scholarships are available half time who are meeting Satisfacto e Application for Federal Student Aid gible to receive a scholarship for up t han 4-year programs) and an addition undergraduate educational level and o udents and up to \$6,000 for graduate s	ostsecondary financial assistance to eligible Minnesota financial need for an award. Eligible students must be to eligible undergraduate students enrolled at least ³ / ₄ ory Academic Progress (SAP) requirements as defined (FAFSA) and applied for other state and federal scho o five years of study at the undergraduate level (limite al five years of study at the graduate level and may reco ne terminal degree. The award amount is based on nee tudents. Scholarships are awarded on a 'first come – fir office at the address listed above or via an online appli	attending eligible accredited time and graduate students by the institution and have plarship and grant programs. ed to 3 years of funding for eive the scholarship for only ed up to \$4,000 per year for st served' basis based on the
		TE APPLICATION CHECKLIST	
 The name of A complete n A complete b Documentation 	the college and the campus location, it nailing address, to ensure that we can a budget sheet completed by a school off on of ¼ American Indian ancestry sho fore and it was submitted with your pre-	icial in the financial aid office at your college (college rowing blood quantum must accompany the application	ling may submit online)
		Y DEADLINE CONSIDERATION	
Step 1:CompleStep 2:CompleStep 3:RequestStep 4:Submit	is July 1st . In order to be considered f the a Free Application for Federal Stud the student section of attached Minneso t college financial aid office to comple completed application, including stude		address listed
		PORTANT INFORMATION	
 office at the a If we require We make every forwarding ad It is YOUR r It is YOUR r Registering on has to recalculated to recalculate to the second sec	address listed above or via an online ap additional information, we will contact ery attempt to contact you in regards to ddress, notification is sent to your coll- responsibility to contact us if you have responsibility to get ALL requested inform the FIRST day of class may result in alate your budget.	et you via U.S. mail and/or your submitted email addres o your application status via U.S. Mail and/or email, but ege and will remain as the only notification. a change of address or other information. Formation to us as soon as you can, as delays may result n a lack of funding or delayed disbursement of your MI	s. if it is returned with no in lack of funding. SP award if your college
considered foWe recommeWe recomme	or students not registered at the require and that you apply for a tribal scholars		
		QUESTIONS??	
Telephone NYou can also	ssistance filling out this application or umber (800) 657-3866 or (651) 642-0 submit email inquiries to <u>info.ohe@st</u> ecify your inquiry is related to the Mir	ate.mn.us.	

Minnesota	MN Indian Sc MN Office of	-	-							2015-2016			
Office of Higher	MINNESOTA INDI SCHOLARSHIP PROC				М		DUE: July 1 st , 2015						
EDUCATION reach higher	(651) 642 0567 Page 2										Page 2		
GENERAL INF									Т	YPE (OF APPLICATION		
 Read attached program information sheet and visit <u>www.ohe.state.mn.us/indianscholarshi</u> more information on eligibility requirements Complete applications received after priority deadline of July 1, may be placed on a wait and awarded in order of the complete application date Applications can also be submitted online at <u>www.ohe.state.mn.us/indianscholarship</u> Complete steps #1-5 by July 1st in order to be considered for priority funding: Complete a Free Application for Federal Student Aid (FAFSA) at <u>www.fafsa.ed.gov</u> Complete student section of Minnesota Indian Scholarship Program Application Request college financial aid office to complete school budget section of application Submit complete application by July 1st (must include school budget and ancestry docum) 									ing list (never applied) Renewal (applied to program befor TERMS OF ATTENDANCE SSII (Starts after July 1) Fall Winter				
STUDENT SECTION – ALL INFORMATION REQUIRED													
Name (Last, First,		Social Security Number											
Please list ALL names you have used (including maiden names) other than the name listed above									Date of Birth				
Mailing Address								E-Mail Address					
City			Sta	zate Zip Code				Telephone N			lumber		
Permanent Address	s (if different from	City				State			Zip Code				
College and campu	is site attending												
	Female] Singl	e 🗌 Ma	rried	ed Other (Divorced, Separated etc.)					
Degree seeking Certificate/Dipl Graduate/Maste	Major/Program Are you an Education Major?				YES Expected NO NO			d Graduation (month/year):					
Did you graduate f	rom high school?	If YES:	High Sc	hool (Name, City, Sta		Year of If M Graduation		O:	Year of GED:				
Tribal Affiliation (check one): be Combination			nts <u>must</u> attach docum ation, applicant mus				•	0		American Indian ntum from each tribe.		
Please list all tribes	s with which you ar			sota Chippewa Tribo	e, indic	ate band):		5110 11 11	5 01000	a quui			
Tribe and Band (if	applicable):			Tribal Address (incl	ude cit	y, state, zip)	:						
Tribe and Band (if	applicable):	Tribal Address (include city, state, zip):											
Tribe and Band (if	applicable):	Tribal Address (include city, state, zip):											
STUDENT CERTIFICATION AND PERMISSION FOR RELEASE OF INFORMATION Please check the box next to each statement indicating that you understand the statement:													
 I understand and accept the obligation to provide a written report to the college financial aid office of any changes in information provided on this application. I give permission to my college, the MISP and tribal offices to verify the information provided on this application and to obtain information for all funding sources relating to this application and for verifying my degree of Indian ancestry. I give permission to my college, the MISP and tribal officials to enter the information from this application onto the web-based application on my behalf. I certify that the information on this application is true and correct and I promise to provide additional documentation if requested. I understand that this form is used to establish eligibility for the MISP and that if I purposely give false or misleading information on this form, I may be subject to a fine, prison sentence or both; and such action may result in the forfeiture of future awards from this program. I understand that any changes in my FAFSA, Pell Grant, MN State Grant, or other financial aid may cause my scholarship award to be adjusted. I understand that all awards are subject to the availability of funds. 													
Applicant Signature								Date					
	FINANCIAL AID OFFICER: PLEASE COMPLETE "PAGE 3" BUDGET SHEET 🛪												

MINNESOTA MN Indian Scholarship Pro MN Office of Higher Educa						MININESOTA INDIAN					2015-2016		
Office of Higher		Energy Pa St. Paul,	urk Dr.	, Suite 350		MINNESOTA INDIAN SCHOLARSHIP PROGRAM BUDGET SHEET					DUE: July 1st, 2015		
EDUCATION reach higher	ION (800) 657-3866 (FOR FINANCIAL (651) 642-0567						AID OF	FICE USE ON	Page 3				
				IDE	NTI	IFICATIO	N INFO	RMAT	ION				
Student Name								Social Se	ecurity Number				
Institution Name								Federal S	School Code				
		FINAN(<u> </u>		FFI	ICE VER	IFICA	TION (OF INFORM) N		
School Official (pl				Signature			IIICA	TION OF INFORMATION Date Telephone N () - -				ne Number -	
Does student meet residency requirem				R date this	budg	et/EFC is bas	sed on:	Check he	ere if Budget Shee	t sent to	Tribal Sc	holarship Office:	
] First B] Revisio			Revisio Summe		ımmer Add C ly	n	Revision 1st R Date:			2 nd Revision Date: 3 rd Revision Date:		
Student Will be At	/4 Time				ligibl Defa	udent Status: e Academ ault on Federa awal Othe	ic Suspens al or State I	ion Loan	Current degree	Diploma	Assoc	iate's 🗌 Bachelor' rate or Professional	
Budget Period:	From:		To:			То	otal Cost of	Attendand	ce for this Budget	Period:	\$		
Resources:	Parent Contribution: \$ Student Contribution: Total Resources (EFC):							(EFC):	\$				
IMPORTANT:	Please	do not list	t federa	al or priva	te loa	ans.			eiving or expect el used to confir			ible each term.	
Т	ERMS			SSI (201	I	FAL		INTER			SSI 2016)		
Start Date (for dis	bursemen	nt)									TOTAL	
Enrollment L	evel (F	'T, 3QT, I	HT)										
Assessed No	eed (Co		C)	\$		\$	\$		\$	\$		\$	
FEDERAL/ STATE/		PELL		\$		\$	\$		\$	\$		\$	
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				ADDITI	ONA	AL INSTIT	UTION A	AL COM	IMENTS				
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TERMS DATE				SSII	FALL		WIN	ГER	R SPRING		SSI	TOTAL	
		\$		\$		\$	\$		\$		\$		
MISP \$			\$		\$		\$		\$	\$		\$	
Comments:													