STOCKBRIDGE-MUNSEE COMMUNITY
BAND OF MOHICAN INDIANS

Higher Education Grant Application Packet

Education Department

P. O. Box 70
W13447 Camp 14 Road
Bowler Wisconsin 54416
Phone: 715-793-4100 Fax: 715-793-4830

STOCKBRIDGE-MUNSEE COMMUNITY
BAND OF MOHICAN INDIANS

Higher Education
APPLICATION CHECKLIST

IMPORTANT! PLEASE READ CAREFULLY.

The following forms are required each academic year unless it is bolded differently.
Incomplete applications will not be processed.

- ✓ Education, Employment, and Training Services Application
- ✓ Part 1 of the Wisconsin Indian Student Assistance Grant Application (in-state only)
- ✓ Academic Development Plan (advisor signed) and a copy of course schedule **each semester/term**
- ✓ Apply for Free Application for Federal Student Aid (FAFSA) www.fafsa.ed.gov
- ✓ Must submit a Financial Need Analysis Form, completed by the College's Financial Aid Office, in a timely manner to the Education office to be considered eligible for a tribal grant (each school year)
- ✓ Signed Acknowledgement Form
- ✓ Signed Funding Acceptance Agreement
- ✓ Signed Statement of Privacy and Release of Information
- ✓ Signed Authorization Agreement for Direct Deposit (if student elects to use direct deposit) **only once unless you transfer banks/accounts**
- ✓ Copy of school's acceptance letter **once unless you transfer schools**
- ✓ Proof of selective service registration (male ages 18-25) **only once**

Submit completed applications to:

Education Department
Stockbridge-Munsee Community
P.O. Box 70
Bowler, Wisconsin 54416
Tel 715.793.4100 FAX 715.793.4830

The Higher Education Grant Application packet may also be downloaded from the Stockbridge-Munsee Tribe website: **http://www.mohican.com/eethowtoapply/**

Education, Employment, and Training Division
Stockbridge-Munsee Community
P. O. Box 70
W13447 Camp 14 Road
Bowler Wisconsin 54416
Phone: 715-793-4100 Fax: 715-793-4830
www.mohican.com/eetdept

Education & Employment Services Application

APPLICANT INFORMATION

First Name	MI	Last Name	Maiden Name	Date of Birth	Social Security Number
Street Address		City		State	Zip Code
Contact Phone		Alternate Contact Phone		Email:	

Check services applying for today:

Education: ___Post-Secondary Training **(anything past high school)**, in accordance with academic development plan and if marked have you applied for Financial Aid? Yes ☐ **No** ☐ **College/University Attending:** _____

___ Occupational Training ___ Financial Aid, (In Demand Occupation ONLY) Please List: _____

Employment: ___Work Experience ___Youth Employment ___Summer Youth ___ Independent Living

Support Services: ___Uniform ___Tools ___ Child Care ___ Transportation Assistance ___Other: _____

PERSONAL DATA: check and complete all that apply

Tribal Affiliation
(If Applicable)

Tribal Affiliation: _____

Enrollment #: _____

OR

Parent Tribal Affiliation & Enrollment #:

_____

Are you a US Citizen?

Yes ___ No ___

Gender:

Male ☐ Female ☐

Marital Dependents Status:

___Single-No Children
___Single with Dependent Children
___Married-No Children
___Married with Dependent Children
___Caring for Elders in Home

Are you a U.S. Veteran?

Yes___ No___

Are you a spouse of a Veteran?

Yes ___ No ___

***If no and male, have you registered with selective service?**

Yes___ No___

*If yes, write your Registration #

_____

Employment Status:

☐ Unemployed ☐ Self-Employed ☐ Employed *(circle one)*: Full-Time ☐ Other: _____

Education Status: What is the highest degree or level of school you have completed? (*If currently enrolled, highest degree received*)

☐ Some High School, No Diploma ☐ High School Graduate, Diploma or Equivalent (GED, HSED) ☐ Some College Credit, No Degree
☐ Trade/ Technical/ Vocational Training ☐ Associate Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ PhD

CERTIFICATION

I hereby apply for educational or employment services from the Stockbridge-Munsee Community. I certify that the language in this application is true and correct. I authorize the Education, Employment, and Training Department to process my application and verify the information contained in it. I further release other parties, including schools and governmental programs, to provide requested information to the Stockbridge-Munsee Education, Employment, and Training Department so it may process my application. I understand that the falsification or material omission of information on this application shall be grounds for the denial of services and may result in legal action against me. I agree to abide by the program requirements outlined in the Stockbridge-Munsee Education, Employment, and Training Program's Handbook in relation to services provided based on this application and understand that I may have appeal rights under the Stockbridge-Munsee Education, Employment, and Training Program's Handbook

Applicants' Signature	Date	Parent/Guardian Signature (If Applicable)	Date

State of Wisconsin
Higher Educational Aids Board

P.O. Box 7885
Madison, WI 53707-7885

Telephone: (608) 267-2206
Fax: (608) 267-2808

E-Mail: HEABmail@wisconsin.gov

Web Page: http://heab.wisconsin.gov

Scott Walker
Governor

WISCONSIN INDIAN STUDENT ASSISTANCE GRANT

Academic Year _____

Part I *(Completed by Student)*

Name and Address: _____

Maiden Name (_____)

_____

_____

Social Security # _____ **Date of Birth** _____

Marital Status: ☐ single ☐ married ☐ separated ☐ divorced

Telephone # _____

High School Name _____

High School Type: ☐ public ☐ private ☐ BIA

Address _____

High School Graduation/GED Date: _____

Name & Address of Postsecondary School you Plan to Attend:

_____

_____

_____

Previous Colleges Attended & Dates:

_____

_____

_____

Father's Name _____

Tribe/Reservation _____

Address _____

Mother's Maiden Name _____

Tribe/Reservation _____

Address _____

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. If granted assistance, I will use it only for educational expenses and purposes. I agree that this information may be shared between the Bureau of Indian Affairs, Tribe, State and the school. I further agree that I will apply for any financial aid available to me. I request the Office of Student Financial Aid to notify the BIA, State, and Tribe of my financial need and authorize any school I am attending to release a copy of my grade transcript to the BIA, State and Tribe at the end of each academic term. I request that any Bureau scholarship funds be mailed to me in care of the Office of Student Financial Aid or Business Office at the school I attend.

Student/Applicant Signature _____ Date _____

PART II ***(Completed by Tribal/BIA Office)***

I hereby certify that the above named applicant is _____ degree _____ Indian blood according to available records.
(Name of Tribe)

Certifying Official Signature _____ Date _____

Name & Address of Tribal Education Office: _____

FAX Number _____

EXCEPTION STATEMENT

This is to certify that the above-named person, who has been unable to be certified as having at least one-quarter Indian blood by an appropriate Indian agency:

☐ Will be recognized as a member of the _____ Tribe for the purpose of the State of Wisconsin Indian Assistance Program.

☐ Has a combination of blood degrees totaling one-quarter but is unable to be certified as a member of any tribe. Complete certification below.

Degree	Tribe	Certifying Official Signature	Date

_____ **Total Degree of Indian Blood**

-- INSTRUCTIONS & STUDENT FINANCIAL AID REVIEW ON BACK --

Student Name _____ **SS#** _____ **Tribe** _____

Part III *(Completed by Office of Student Financial Aid)*

School Name _____ **Budget Period:** _____ **to** _____ ☐ New Student ☐ Continuing Student

Address _____ **Expected Degree:** ☐ AA ☐ BA/BS ☐ MA/MS ☐ Other _____

_____ **Expected Graduation Date** _____

Year in School: _____ **Status:** ☐ full-time ☐ part-time ☐ special

Living: ☐ on campus ☐ off campus ☐ with parents **Major** _____ **Minor** _____

Approved Student Budget:		**Anticipated Student Resources:**		**Awards:**	
Tuition & Fees	$ _____	Student Contribution	$ _____	Pell Grant	$ _____
Books & Supplies	_____	Parent Contribution	_____	Suppl. Ed. Opportunity Grant	_____
Room & Board	_____	Veteran's Benefit	_____	WHEG or WI Tuition Grant	_____
Personal Expenses	_____	Social Security	_____	TIP Grant	_____
Transportation	_____	Vocational Rehab.	_____	Minority Grant	_____
Other _____	_____	General Assist./TANF	_____	Federal Work Study	_____
_____	_____	Other _____	_____	Perkins Loan	_____
_____	_____	_____	_____	Subsidized Stafford Loan	_____
		_____	_____	Other _____	_____
				_____	_____
				_____	_____
				Recommended WI Indian Grant	_____
				Recommended Tribal/BIA Grant	_____
				(Tribal/BIA $ _____ for _____ terms)	
TOTAL BUDGET	$ _____	**TOTAL RESOURCES**	$ _____		

ASSESSED NEED (Total Budget less Total Resources) = $ _____ **TOTAL AWARDS** = $ _____

_____ _____ (_____) _____

Signature of Financial Aid Officer Date Phone #

Wisconsin Indian Grant Instructions

This is a need-based grant available to Wisconsin residents who are attending a Wisconsin school of higher education. You must have one-quarter degree of Native American blood or be an enrolled member of a federally recognized tribe. The grant has a maximum of 10 semester awards.

- **Student:** Complete Part I, sign and forward to your Tribal Education/Enrollment Office.
- **Tribal Education/Enrollment Office:** Complete and sign Part II to certify the degree of Native American blood. Certification is required only once; subsequent grant applications do not require certification.
  - If the blood degree is less than one-quarter, review and sign the exception statement as appropriate.
  - The BIA may certify applicants with a combination of blood degrees totaling one-quarter who are unable to be certified as a member of any tribe due to minimal degrees.
  - Mail this application to the postsecondary school the student plans to attend.
- **Financial Aid Office:** Complete Part III, sign, and mail or fax to:

  Wisconsin Higher Educational Aids Board
  WIG Program
  P. O. Box 7885
  Madison, WI 53707-7885
  Fax: (608) 267-2808

  - Also mail or fax a copy to the Tribal Education Office.

If you have any questions, please contact Cindy Cooley: (608) 266-0888 -or- email: cindy.cooley@wisconsin.gov

Education, Employment, and Training Division
Stockbridge-Munsee Community
P. O. Box 70
13447 Camp 14 Road
Bowler Wisconsin 54416
Phone: 715-793-4100 Fax: 715-793-4830
www.mohican.com/eetdept

ACADEMIC DEVELOPMENT PLAN

Academic Year: _____-_____
(Please complete after you have registered)

If applicable, Please select: **1/4-TIME:** 1-5 credits ☐ **½-TIME** 6-8 credits ☐ **3/4-TIME:** 9-11 credits ☐ **FULL-TIME:** 12+ credits ☐

First Name	MI	Last Name	Social Security Number
Declared Major/ Minor	College/University Attending	College/University Address	College/University Phone #
Expected Graduation Date	Please indicate what grade level you will be in for semester checked below: ☐Freshman ☐Sophomore ☐Junior ☐Senior ☐Graduate/Professional		

IMPORTANT: COMPLETE ENTIRE NEXT SECTION

PLEASE CHECK ONE BOX ONLY ☐FALL ☐WINTER ☐SPRING ☐SUMMER

NAME OF COURSE	COURSE NO.	CHECK IF ON-LINE	CREDITS	START DATE	END DATE

List Future Plans_____

_____

PLEASE READ & SIGN

An Academic Plan must be submitted for each semester/term you plan to attend. The academic plan is to assist you and your advisor with planning and selecting appropriate courses as required for your degree, certificate or diploma. If any changes or revisions occur you must submit an updated plan. Tribal funding will be based on the academic year of October 1st to September 30th. If you do not satisfactorily complete any of the courses identified in your Academic Plan, you will be required to reimburse the Stockbridge-Munsee Community for the grant funds provided for those courses.

Student's Signature	Date
School Counselor/Advisor Signature	Date
Print Name (Counselor/Advisor)	School Counselor/Advisor Telephone Number

Education & Employment and Training Division
Stockbridge-Munsee Community
P. O. Box 70
W13447 Camp 14 Road
Bowler Wisconsin 54416
Phone: 715-793-4100 or 1-800-720-2790 Fax: 715-793-4830

Student: New ☐ Continuing ☐ Original ☐ Revised ☐ Date _____

FINANCIAL NEED ANALYSIS

TO BE COMPLETED BY FINANCIAL AID ADMINISTRATOR

Student's full Name _____ Student ID Number _____

Students Status: ☐ Dependent ☐ Independent **Expected Degree:** ☐ AA ☐ BA/BS ☐ MA/MS
Student Loan Status: ☐ No Default ☐ Default ☐ Other _____

TERM	From MO/YR	To MO/YR	Projected # of Credits

COST OF ATTENDANCE (C.O.A.):

Tuition and fees . . . . . .$_____
Books and Supplies . . . . . .$_____
Room and Board. . . . . .$_____
Personal/Misc. . . . . .$_____
Transportation . . . . . .$_____
Other (list) . . . . . .$_____
TOTAL COA EXPENSES: . $_____

EXPECTED FAMILY CONTRIBUTION (E.F.C.):

Student/Spouse Contribution . . . . . .$_____
Parent Contribution . . . . . $_____
TOTAL E.F.C.: . . . . . .$_____

FINANCIAL NEED:

COA EXPENSES: . . . . . $_____
MINUS E.F.C.: . . . . . .$_____
ASSESSED FINANCIAL NEED: . . . $_____

FINANCIAL AID AWARDS:

PELL . . . . . $_____
SEOG . . . . . .$_____
Tuition Grant . . . . . .$_____
WHEG . . . . . .$_____
Minority Retention Grant . . . .$_____
WI Indian Grant . . . . . $_____
College Work/Study . . . . . .$_____
Perkins Loan . . . . . .$_____
Sub Loan . . . . . .$_____
Unsub Loan . . . . . .$_____
Other . . . . . .$_____
Total Awards Made . . . . . $_____

PLEASE PROVIDE SCHOOL NAME & ADDRESS TO MAIL MOHICAN GRANT AWARD CHECKS:

Name of School: _____

School Address: _____

City _____ **State** _____ **Zip Code** _____

FINANCIAL AID REPRESENTATIVE:

Print Name: _____ Date: _____
E-Mail: _____
Phone: _____ Fax: _____

RECOMMENDED MOHICAN GRANT:

TERM:	**FALL**	**WINTER**	**SPRING**	**SUMMER**
MOHICAN GRANT:	$_____	$_____	$_____	$_____
DISBURSE CHECK DATES:	___/___/___	___/___/___	___/___/___	___/___/___

COMMENTS:

_____

_____

STOCKBRIDGE-MUNSEE COMMUNITY
BAND OF MOHICAN INDIANS

Higher Education
ACKNOWLEDGEMENT FORM

I _____, acknowledge that the Stockbridge-Munsee Community Education & Employment and Training Program's Student Handbook is located online and free to access at http://www.mohican.com/mt-content/uploads/2017/03/handbook-tc-aproved-on-3-7-17.pdf. This handbook outlines the terms and conditions of the Higher Education Program as well as my responsibilities. I understand that if I do not fulfill the terms and conditions of the Higher Education Program policies that I may be required to repay funding that I have received towards my education. I agree to provide transcripts at the conclusion of each term/semester, and to provide class schedules at the beginning of each term/semester. I understand that if I fail to provide the required information that my funding may be delayed, canceled or subject to repayment.

I have familiarized myself with the contents of the Higher Education Program's Student Handbook. By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in the Stockbridge-Munsee Community Education & Employment and Training Program's Student Handbook.

Student Signature _____ **Date**_____

STOCKBRIDGE-MUNSEE COMMUNITY
BAND OF MOHICAN INDIANS

Higher Education
FUNDING ACCEPTANCE AGREEMENT

Initial each section after reading.

_____I hereby agree to attend the school indicated on this application and agree to follow all rules, regulations and attendance requirements of the school and to the best of my ability will satisfactorily complete the course work I have selected. I further agree that the funds issued to me for educational purposes will be used for such purposes.

_____I agree that I will provide **an official transcript** regarding my progress at the end of each term/semester. I will also provide a **class schedule** at the beginning of each term/semester I will be attending. I will provide updated contact information; including address, phone, and email address to the Education Department staff whenever they change. I will also furnish other information as requested by the Education Department staff in a timely manner.

_____I understand that I am required to successfully complete the number of credits within each semester/term for which the Stockbridge-Munsee Higher Education grant was provided and earn an equivalent to a **minimum 2.0 Grade Point Average (GPA) per semester/term for undergraduate students** and an equivalent to a **minimum 3.0 Grade Point Average (GPA) for graduate students.** I understand that if I do not meet the minimum academic requirements it will affect my funding.

_____I understand that if I do not provide the Education Department with evidence of my progress, I will be required to **REIMBURSE** the Education Department for the funding advanced to me and I will not qualify for any further Tribal Education funding until I have reimbursed the Education Department in full.

_____I understand that if I withdraw before the term /semester is completed, drop out, receive a 0.0 GPA and 0 credits, or otherwise fail to complete the term, semester, or grading period I will be required to **REIMBURSE** awarded funds and I will not be eligible for additional funding until the amount is paid in full.

I, the undersigned, have read, understand, and agree to abide by the terms and conditions of this Funding Acceptance Agreement.

Student Signature _____ **Date**_____

STOCKBRIDGE-MUNSEE COMMUNITY
BAND OF MOHICAN INDIANS

Higher Education
STATEMENT OF PRIVACY AND RELEASE OF INFORMATION

The Privacy Act of 1974 requires each Federal agency that maintains a system of information on individuals to inform those individuals about:

- The authority, whether granted by statute or by executive order of the President, which authorizes the solicitation of the information and whether disclosure of such information is mandatory of voluntary.
- The principal purpose(s) for which the information is intended to be used.
- The routine uses which may be made of the information.
- The effects on him or her, if any, of not providing all or any part of the requested information.

The Higher Education Student College Assistance Program operates under the general authority of 24 USC Chapter 12, 42 Statute 208 P.L. 67-85, with specific legislation contained in 25 USC, subchapter E, Part 32, "Administration of Educational Loans, Grants and Other Assistance for Higher Education."

The applicant understands that the intent of collecting and maintaining this data is for determining eligibility and to provide a means of producing statistical records. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining higher education assistance under this program.

The administration of this program requires certain information from the applicant. The forms included in this packet solicit the required information. This information may be made available to authorized organizations or individuals.

I have read the statement on privacy listed above. I hereby provide the required information and authorize the use of such information.

I hereby give permission to release any and all of the following information to the Stockbridge-Munsee Community or staff member for the purpose of the operation and reporting requirements of its Education programs:

- Financial aid awards, application data, disbursements, and/or eligibility
- Billing statements, charges, credits, payments, and/or past due amounts
- GPA/transcripts, demographic, registration, student ID number, enrollment information, and/or academic progress status
- Access to student records maintained by the Registration Office
- Financial Office, including all of the above examples

Student Signature _____ **Date**_____

Stockbridge-Munsee Community
Office of Accounting Services
Account Payables

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

Customer Name _____ _____ _____
First *Last* *MI*

_____ _____ _____ _____
Address City State Zip Code

I hereby authorize Stockbridge-Munsee Community (SMC) and my bank to automatically make deposits into my account listed above (this includes my authorization to corrrect entries made in error.) This authorization will remin in effect until I give written notice to cancel it.

Complete for DIRECT DEPOSIT

Bank Account

Checking ☐ Savings ☐ Circle Type of Account

It's safe and secure.

* Account Number _____
* Bank Name _____
* Bank Routing # _____

* No more lost or misplaced checks.
* Your check's automatically deposited into your account
* It eliminates a trip to the bank.

** If your bank account number has changed, you must provide a voided check or bank specification sheet.*
For account verification, attach a voided check. The processing of this form will take at least *two pay periods*.

_____ _____
Signature Date

FOR ACCOUNTING SERVICES USE ONLY

_____ _____
Processed by Date

Submit