Prairie Band Potawatomi Nation
Education Department

Application for Higher Education

Undergraduate Student

To be considered for funding you need to complete and submit ALL of the following items on or before the deadlines listed below:

1. ___ Application
   a. If you are planning to attend Haskell or SIPI the institution must provide official verification of housing status (on/off campus).

2. ___ Letter in writing stating why you need the grant and how it will be used.

3. ___ Copy of Certificate of Degree of Indian Blood (CDIB).
   a. If you do not have this certificate, one may be requested from the Enrollment Department, 16281 Q Road, Mayetta, KS 66509 or toll free at 877.715.6789, ext. 3914.

4. ___ Official Transcript from last school attended or verification of G.E.D.
   a. If you have previously attended college, the Registrar's office at that institution must mail an official transcript, showing your last semester's grades, which must include a cumulative grade point average.
   b. **We will NOT accept your copy of your grades or an unofficial transcript.**

5. ___ You must provide this office with a copy of your *Student Aid Report* (SAR). It is verification that a *Free Application for Federal Student Aid* (FAFSA) has been completed.
   a. If you do not complete the FAFSA you will not be eligible for this grant program.
   b. You can go online to www.fafsa.ed.gov or complete the enclosed paper application.
   c. We WILL NOT accept a copy of the FAFSA Submission Verification. YOU MUST SUBMIT A COPY OF YOUR SAR.

6. ___ The *Financial Aid Package Form* (FAP). It is the last page of this application. You need to complete the top portion and then send it to the Financial Aid Office of the institution you will be attending AFTER you have received your SAR. Without your SAR information the institution will process the form as "incomplete."
   a. Do not send this form to PBPN Education office. The institution will send it to us once they have completed it.
   b. However it is still YOUR responsibility to make sure the Financial Aid Office forwards the completed form before the deadline. Do not assume they will do this – double-check with them.

7. ___ Letter of admission from the institution you plan to attend.

8. ___Student Agreement. Your application will not be considered complete if this form is not read and signed.

DEADLINES

FALL SEMESTER – Priority Deadline: JULY 1st.

Late applications received and complete between July 2nd and August 1 may be eligible for assistance based on available funds. Late applications will not receive the maximum award amount.

Applications received after August 1st will not be considered for funding.

SPRING SEMESTER - NOVEMBER 1ST

After you are approved for Fall semester funding, your official transcript is all that is necessary for Spring semester funding. You must apply for this grant each school year.

Prairie Band Potawatomi Nation - B.I.A. Higher Education Grant Application

-Undergraduate-

All information requested is voluntary: however, failure to fully complete all applicable parts may result in delays of processing this application or make it impossible to process at all.

Name _____ Social Security No. _____
Last First M.I. Maiden

Home Address_____ Telephone No. _____
Street City State Zip Code

Mailing Address _____ Email _____
(If different from above) Street City State Zip Code

Date of Birth _____ PBPN Enrollment No. _____ Veteran: Yes ___ No ___ Female ___ Male ___

Marital Status: Single ___ Married ___ Divorced ___ Separated ___ Number of Dependents _____

How did you obtain this application? Email ___ Fax ___ Internet ___ Mail ___ Walk-in ___ Other _____

Name and Address of High School _____

Type of High School: B.I.A. ___ Private ___ Public ___ Tribal ___ GED ___ Graduation/GED Date _____

Application Request: 20 _____ to 20 _____

Full Academic Year ___ Fall ONLY ___ Spring ONLY ___ Status: Full Time ___ Part Time ___

Name and Address of College Selected_____
Name Address City State Zip Code

College Major/Minor _____ Expected Graduation Date _____

Expected Degree: AA ___ BA ___ BS ___ MA ___ Other _____

Year in College: Freshman ___ Sophomore ___ Junior ___ Senior ___

I will live: On Campus ___ Off Campus ___
*If you are planning to attend Haskell or SIPI the University must provide official verification of housing status.

Have you received a B.I.A. grant before? Yes ___ No ___ If yes, what year(s) _____

No. of credit hours earned _____

STATEMENT OF EDUCATION PURPOSE: I declare that I will use any funds I receive under the Bureau of Indian Affairs Higher Education Grant Program solely for expenses connected with attendance at:

Name of Institution _____

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 the necessary agencies to complete my financial aid package. I will provide a copy of my official transcript to the Prairie Band Potawatomi Nation Education Department at the end of each semester.

Signature of Student _____ Date _____

Prairie Band Potawatomi Nation - B.I.A. Higher Education Grant Application

FINANCIAL AID PACKAGE FORM

PART I: To Be Completed By Student

Name _____ Social Security No._____

Home Address_____

Street City State Zip Code

Telephone _____ Email _____

Marital Status _____ No. of Dependents_____

Degree Program _____ Years in College _____

To Financial Aid Office: Please send the necessary application for college administered financial aid. I give permission for the University to release financial and academic information to the Prairie Band Potawatomi Nation. The Prairie Band Potawatomi Nation will need financial aid information listed in PART II below BEFORE any action will be taken on my application. When all the necessary information is on file in your office, please complete and forward to:

Prairie Band Potawatomi Nation
Education Department
16281 Q Road
Mayetta, Kansas 66509

_____

Signature of Student Date

DEADLINES: FALL SEMESTER: JULY 1/SPRING SEMESTER: NOVEMBER 1

****ALL STUDENTS ARE REQUIRED TO APPLY FOR ALL OTHER SOURCES OF FUNDING AVAILABLE THROUGH THE FINANCIAL AID OFFICE****

PART II: To Be Completed By Financial Aid Officer

This student has applied to the Prairie Band Potawatomi Nation's Education Office. Verified financial need information is requested through your office before any action will be taken on the application. Please complete this form and forward to the above address.

( ) Student has not yet applied for financial aid. Need cannot be determined.
( ) Student applied late. Will not be considered for funding.
( ) Student's application is incomplete and cannot be considered.
( ) Funds exhausted at Institution.

Student is considered:
Independent: _____
Dependent: _____

BUDGET PERIOD - From_____ To_____ Which will start on _____
Date

COLLEGE/UNIVERSITY BUDGET	STUDENT RESOURCES & INSTITUTION AWARDS	
Tuition_____	Parental Contribution_____	S.E.O.G._____
Fees_____	Student/Spouse Contribution_____	PELL Grant_____
Room/Board_____	AFDC/Welfare_____	Perkins Loan_____
Books_____	Veteran's Admin. Benefits_____	Stafford Loan_____
Travel_____	Social Security_____	College Work Study_____
Miscellaneous_____	State Grants_____	Voc. Rehab._____
Other (specify)_____	State Indian Scholarship_____	Other_____

TOTAL COSTS_____ TOTAL RESOURCES _____

We recommend that the Higher Education Grant award for this student be $_____

Signature_____ Date_____ Telephone No._____
Financial Aid Officer

College Information _____
Institution Name

_____
Address City State Zip Code

Prairie Band Potawatomi Nation
Education Department

Student Agreement

I, _____, am an enrolled member of the Prairie Band Potawatomi Nation (PBPN) who has applied for scholarship assistance through the Prairie Band Potawatomi Nation Education Department Higher Education Program for the academic year _____.

I have read the policies, procedures and guidelines for the program and understand what my responsibilities are as a student attending an accredited college, university or technical school.

I agree to abide by all policies governing the PBPN Education Department Higher Education Programs.

Further, I understand that should I fail to meet the eligibility criteria and academic requirements I may be placed on Academic Probation or Suspension in accordance with the Satisfactory Academic Progress Policy. I understand this means my scholarship award may be suspended for failure to comply.

I have read the deadline date requirements and understand that applications received after the required deadline date will be denied. I agree to take full responsibility for my academic achievements and progress.

_____ _____
Student Signature Name of Institution

_____ _____
Date Academic Year

Date received by the PBPN Education Department: _____ _____
Date Initial

16281 Q Road, Mayetta, KS 66509 · Toll free 877.715.6789 · Fax 785.966.2956