

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.

- |   |   |
|---|---|
| <p>( ) Student has not yet applied for financial aid. Need cannot be determined.</p> <p>( ) Student applied late. Will not be considered for funding.</p> <p>( ) Student's application is incomplete and cannot be considered.</p> <p>( ) Funds exhausted at Institution.</p> | <p>Student is considered:<br/>                 Independent: _____<br/>                 Dependent: _____</p> |
|---|---|

BUDGET PERIOD - From \_\_\_\_\_ To \_\_\_\_\_ Which will start on \_\_\_\_\_  
Date

**COLLEGE/UNIVERSITY BUDGET**

Tuition \_\_\_\_\_  
 Fees \_\_\_\_\_  
 Room/Board \_\_\_\_\_  
 Books \_\_\_\_\_  
 Travel \_\_\_\_\_  
 Miscellaneous \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

**STUDENT RESOURCES & INSTITUTION AWARDS**

Parental Contribution \_\_\_\_\_  
 Student/Spouse Contribution \_\_\_\_\_  
 AFDC/Welfare \_\_\_\_\_  
 Veteran's Admin. Benefits \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 State Grants \_\_\_\_\_  
 State Indian Scholarship \_\_\_\_\_

S.E.O.G. \_\_\_\_\_  
 PELL Grant \_\_\_\_\_  
 Perkins Loan \_\_\_\_\_  
 Stafford Loan \_\_\_\_\_  
 College Work Study \_\_\_\_\_  
 Voc. Rehab. \_\_\_\_\_  
 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