



Yankton Sioux Tribe

PO Box 1153 800 S. Main
Wagner, SD 57380
(605) 384-3997 (ph) * (605) 384-3994 (fax)
Web page: yanktonsiouxtribe.net

Dear Student,

This is an application for student financial aid that we will use to process your needs as a prospective student at Ianktonwan Community College (ICC) or any other institute of higher learning. Please read all pages and fill out the forms completely and carefully as possible. Failure to do so may jeopardize your opportunity for funding from the Yankton Sioux Tribes Higher Education Department. All applications are to be completed and returned with all of the necessary documents by July 1st of each academic year.

1. Please retain copies of all pages for your records.
2. Send the scholarship application back to the Higher Education Director at:
Ianktonwan Community College
P.O. Box 295
200 South Main
Marty, SD 57361
3. Use the document check list to ensure that the application is filled out in its entirety and that dates are recorded and kept for your records.

Higher Education Document Checklist

**All applicants must provide these documents to the Higher Education Office.
(Check and record all dates documents were sent to the Higher Education Department)

- | | |
|--------------|---|
| 1. Date Sent | Higher Education Scholarship Application |
| 2. Date Sent | Letter of Acceptance from the School you plan on attending |
| 3. Date Sent | High School or GED Transcripts |
| 4. Date Sent | Transcripts from previously attended Institutes of Higher Education |
| 5. Date Sent | Certificate of Indian Blood/Tribal Affiliation or BIA Form 4432 |

The higher education application process must be completed by the deadline date of July 1st of each academic year.

Higher Education / Adult Vocational Training Scholarship Application

Name:

First: Middle Last: Social Security Number

Address: Date of Birth

City, State Zip Code Telephone Number

E-mail Address

Marital Status: Number of Dependants Student Tribal ID #

- Single
- Married
- Separated
- Divorced

Dependents ID # (SS or Tribal) Child 1 Veteran Status Home Agency:
Yes
No

Dependents ID # (SS or Tribal) Child 2 Address

Dependents ID # (SS or Tribal) Child 3 City, State, Zip Code

Dependents ID # (SS or Tribal) Child 4 High School GED Graduation Year

Dependents ID # (SS or Tribal) Child 5 Name of High School

Application Request for Academic Year: 20____ Semesters:
Fall
Winter
Spring

Statement of Educational Purpose: I hereby declare that I will use any funds that I receive under the Higher Education/Adult Vocational Program solely for expenses connected with attendance at:

Name of Institution:

PO BOX/ Street Address:

Phone Number

City, State & Zip Code

Fax Number

Year in College:

Degree Expected:

Expected Graduation Date

Freshman

AA/AS

Sophomore

BA/BS

Junior

MA/MS

Senior

Other

Graduate

Student will live:

On Campus

Off Campus

With Parents

Has Student received a Higher Education/Adult Vocational Scholarship before?

Yes

No

If Yes, What years?

Number of Credits Earned?

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 all necessary agencies to complete my Financial Aid Package. I request that any funds awarded to me under the HED/AVT programs be mailed to me in care of the Financial Aid Office of the Institution. I will provide copies of all grades/transcripts to the Ihanktonwan Community College Higher Education Department offices at the end of each semester or quarter.

Signature of Student

Date

Date Rec'd by ICC HED Dept.

Initialed by ICC Personnel

You may make copies of this packet for future applications.

CAZ: Rev. 06/17/12

Financial Aid Package Form

Part I: To be completed by the Student

First: Middle: Last: Maiden:

Address: POB/Street City, State & Zip Code

Social Security Number Date of Birth Telephone Number

Year in College Major Minor/s E-mail Address

Marital Status Number of Dependants

- Single
- Married
- Separated
- Divorced

I have applied to the Ithaca College Higher Education / Adult Vocational Training offices for funding assistance. Students are advised to apply for other sources of funding through the respective College Financial Aid Offices.

I hereby certify that the above information 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.

Student Signature:

Date:

Part II: To be completed by the Financial Aid Officer

(Students shall forward this document to the respective Higher Education Institution financial Aid Office.)

This student has applied to the Higher Education / Adult Vocational Training Scholarship Programs for funding assistance. Financial Aid information will be required from your office before we can take action on this application. We would appreciate your assistance in completing and forwarding this form back to the above address. Thank you for your help.

Budget Period

Student's Name:

From

To

Which will begin (Date):

This Student is considered:

Cost of Attendance:

Parental Contribution

PELL

Tuition

Student Contribution

FSEOG

Fees

Spouse Contribution

NDSL

Books

VA Benefits

FCWS

Room

Soc. Sec. Benefits

Scholarships

Board

TANF

LOANS

Travel

Voc. Rehab

State Grants

Misc.

Total

Total

We recommend that the HED/AVT Programs consider awarding this student:

Name of Financial Aid Administrator

Name of College

Address: POB/Street | City, State & Zip Code

Phone Number

This institution is on:

Semester

Quarter

Other

Signature: Financial Aid Administrator

Date:
