Dear Applicant,

Thank you for your interest in applying for the Fort Peck Assiniboine and Sioux Tribes Higher Education Scholarship. Please be sure to read the Higher Education Scholarship Handbook before completing this application. Our staff is available to assist you in the application process or if you have any questions, please feel free to contact us at the phone numbers listed above.

Start applying for your Free Application for Student Aid (FAFSA) as soon as your income tax information is available. This process can take up to 7 to 10 working days to process. You will be notified by mail within ten (10) days of receipt of application and of any missing documents. Please utilize the application checklist included with each application. This checklist is designed assist the applicant in ensuring all the required documents are submitted to the education department. All incomplete files will not be funded. There is only one application deadline for the academic year and it is July 15. We no longer accept applications for the Spring semester.

Please be advised funding amounts are based upon the availability of grant funds received from the Bureau of Indian Affairs. However, regulations require the funding amount not to be greater than the student’s unmet need as reported by your financial aid officer. In the event of a federal reduction or increase all applicants will be notified in writing of any changes.

Again, I reiterate the importance of reading and understanding the Higher Education Scholarship Handbook policies. Please be advised all of our deadline dates will be enforced.

We welcome you and look forward to hearing from you in the future.

Sincerely,

Neil Taylor, M Ed
Director, Education Department
HIGHER EDUCATION SCHOLARSHIP APPLICATION CHECKLIST

If you are a returning student complete only those items marked with an asterisk (*). If you are a new student all the items listed below are required. If you are planning on transferring at any time during the academic year, you must submit a separate set of the items 6 – 9 for the other college you are transferring to. The final deadline is July 15th. NO EXCEPTIONS!

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<td>1</td>
<td>Higher Education Scholarship Application (Absolutely no faxed copies will be accepted.)</td>
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<td>Privacy Act Form</td>
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<td>3</td>
<td>Copy of most recent official college transcript(s)</td>
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<td>4</td>
<td>Certificate of Indian Blood (CIB) – can obtain a copy by calling Enrollment at (406) 768-2319.</td>
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<td>Copy of high school diploma or GED</td>
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<td>6</td>
<td>Copy of acceptance letter from the college you are planning on attending. (No provisional acceptance letters will be accepted)</td>
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<td>*</td>
<td>7</td>
<td>Copy of your Student Aid Report (SAR) – PDF Version.</td>
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<td>8</td>
<td>Copy of Award Letter</td>
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<td>9</td>
<td>Financial Needs Analysis (Part 1 – Student completes; Part 2 – Financial Aid Officer completes &amp; sends to Education Department.</td>
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<td>10</td>
<td>Copy of class registration or class schedule (After registration)</td>
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<td>11</td>
<td>Student Agreement Form</td>
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NOTE: All of these items listed above must be submitted or to complete your file and incomplete applications will not be considered for funding. If for any of these items will not be submitted by the deadline, we must have written documentation from the college, as to the reason these items will be late.
FORT PECK TRIBES EDUCATION DEPARTMENT
ASSINIBOINE & SIOUX TRIBES
HIGHER EDUCATION SCHOLARSHIP APPLICATION

FUNDING REQUEST PERIOD: FY ____________________ Semester/Quarter ____________________
(All information provide is voluntary, however, failure to completely provide us with all the required information may delay or even halt processing of your application). DEADLINE DATE IS JULY 15TH NO EXCEPTIONS!

NAME: ____________________________________________
LAST FIRST MI MAIDEN

ADDRESS: ____________________________________________
MAILING CITY STATE ZIP CODE

SOCIAL SECURITY NO. _________________________ TELEPHONE: __________

DATE OF BIRTH: _________________________ ENROLLMENT NO. __________

MARITAL STATUS (Check One): □ Single □ Married □ Divorced □ Separated

NUMBER OF DEPENDENTS: ________ NAMES & AGES: ____________________________________________

NAME OF HIGH SCHOOL: ____________________________

DATE OF GRADUATION OR EARNED GED: ____________________________

NAME & ADDRESS OF COLLEGE SELECTED: ____________________________

________________________________________

COLLEGE MAJOR: ______________ EXPECTED GRADUATION DATE: __________

EXPECTED DEGREE: □ Bachelor Degree □ Associate of Arts or Science Degree: AA or AS

YEAR IN COLLEGE: □ Freshman □ Sophomore □ Junior □ Senior

NUMBER OF CREDIT HOURS EARNED: _______ SEMESTER _______ QUARTER

I WILL LIVE: □ On Campus □ Off Campus □ With Parents/Relatives

HAVE YOU EVER RECEIVED A HIGHER EDUCATION SCHOLARSHIP BEFORE? ______
IF YES, WHAT YEAR(S)? ______________________________

Please provide an email address for notices & reminders: ________________________________
STATE OF EDUCATION PURPOSE:

I Declare that I will use the funds I receive under the Fort Peck Assiniboine & Sioux Tribes Higher Education Scholarship program solely for the expenses connected with the attendance at (NAME OF INSTITUTION):

I hereby certify that all the information provided on this application 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 request that any scholarship awarded to me be mailed to the financial aid office at the institution named above. I also understand that it is my responsibility to ensure my end of semester/quarter grades are submitted to the Education Department by the deadlines listed below.

SIGNATURE OF STUDENT: _______________________________ DATE: __________

SEMESTER/QUARTER GRADE DEADLINES

Students are required to submit their grades to the Fort Peck Tribes Education Department by the following deadlines:

Fall Semester – January 10th  
Spring Semester – June 10th

NOTE: For students on a Quarterly basis you must submit your grades within 15 days of end of each quarter.

Your Higher Education Scholarship will be suspended if we do not receive your grades by the deadline. If you encounter a problem and you cannot get your grades to the Education Department by the deadlines you must submit written documentation stating the reason from the Registrar’s Office.

Students are required to read and understand the Fort Peck Tribes Education Department Student Handbook Policies each and every new academic school year for updates/changes. The policies in the Handbook will be enforced. If you do not receive a Handbook with your application packet please call the Education Department and one will be mailed to you or if you have any questions please feel free to call: 1-800-799-2926 or 406-768-5136.

APPLICATION DEADLINE DATE IS JULY 15TH NO EXCEPTIONS!
FINANCIAL NEEDS ANALYSIS
PART I - To be completed by student

NAME: ________________________ SSN: __________________________

MAILING ADDRESS: __________________________________________

CITY: ________________________ STATE: __________ ZIP: __________

TELEPHONE: __________________

I understand and agree to apply for all and any campus based aid that I am eligible for to be considered for a Tribal Higher Education Scholarship. I agree to submit all the necessary forms to my college’s financial aid office by due date.

Signature: ________________________ Date: ______________________

PART II - To be completed by Financial Aid Officer

Please complete the information below and return it to our office by July 15, 4:30 p.m. even if the student’s financial aid package is not complete. Once it is complete please send revised Financial Need Analysis to our office as soon as possible. Thank you.

A. Budget Period: ___________ 20__ To: ___________ 20__
B. Student Status:  □ Independent  □ Dependent
C. Term:  □ Quarter  □ Semester  □ Tri-Semester  □ Other
D. Funding Period:  Fall ____________ Winter ____________ Spring ____________

COST OF ATTENDANCE AND CAMPUS BASED AID PLUS OTHER RESOURCES
Please list costs separately

TUITION: $_________  SPOUSE CONT.  $_________  PELL: $_________
FEES: $_________  PARENT CONT.  $_________  SEOG: $_________  
BOOKS: $_________  STUDENT CONT.  $_________  SSIG: $_________
ROOM: $_________  VETERANS BENF.  $_________  CWS: $_________
BOARD: $_________  VOC. REHAB.  $_________  UNSUB LOAN$_________
TRANS. $_________  SOCIAL SECURITY $_________  SUBSIDIZED $_________
PERSONAL $_________  STATE (INDIAN) $_________  PERKINS $_________
OTHER $_________  OTHER (SPECIFY) $_________  SCHOLARSHIP $_________
TOTAL EXPENSES:$___________  TOTAL RESOURCES:$___________

E. We verify that this student’s unmet financial need is: $____________________
F. INFORMATION REGARDING CAMPUSS – BASED AID:
1. Student □ has, □ has not applied for campus based aid.
2. Student applied on ____________, 20_______.
   Application was: □ Complete  □ Incomplete
   Application was submitted: □ On time □ Late
3. Student’s financial aid package is: □ Complete □ Incomplete
4. If student is not eligible for campus – based aid please provide reason:____________________

G. Is student Pell eligible? Yes or No  If No reason: □ Suspended □ Appeal Pending
   □ At Limit (150% Rule) □ At Limit (Pell) □ In Default

H. SIGNATURE:  (FINANCIAL AID OFFICER)

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<thead>
<tr>
<th>NAME</th>
<th>DATE</th>
<th>TELEPHONE</th>
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<tbody>
<tr>
<td>COLLEGE</td>
<td>ADDRESS</td>
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I. MAKE CHECK PAYABLE TO: □ College Name  □ Student Name & ID

J. Attention Office of: □ Financial aid □ Accounts Receivable □ Bursar’s office

FINANCIAL AID OFFICER INFORMATION & DIRECTIONS

Section A – Our academic year is from September to May.
Section B – Student status please check one.
Section C – Please check your college’s terms.
Section D – Please provide funding periods.
Section E – This is your verification of student’s unmet need.
Section F – Please provide any campus – based aid information.
Section G – Pell eligibility information.
Section H – Please sign and provide us with check mailing address.
Section I – Please let us know how check should be made out (i.e. College or Student Name)
Section J – Please indicate which office the check should be mailed attention to.

PLEASE SUBMIT TO THE TRIBAL EDUCATION OFFICE BY JULY 15, FOR THE ACADEMIC YEAR. Even if this student’s financial aid packet is not complete by the end of May. Please provide as much information as possible.

PLEASE MAIL TO:  FORT PECK TRIBAL EDUCATION DEPARTMENT
                  P.O. BOX 1027
                  POPLAR, MONTANA  59255

FOR ANY QUESTIONS PLEASE CALL:  406-768-5136, 800-799-2926
                                 or 406-768-3556 FAX

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PRIVACY ACT FORM

TO BE INITIALIZED BY APPLICANT

I agree to attend the school indicated on this application. I agree to follow all rules, regulations and attendance requirements of the school. To the best of my ability I will satisfactorily complete the study which I have selected. I further agree to utilize all funds issued to me from the Fort Peck Tribes Higher Education Scholarship Program for educational purposes or repayment will be made to the Fort Peck Tribes. I authorize the school to release my grades, attendance, and income information to the Fort Peck Tribes Education Department ________

(Initials)

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT:

2. Disclosure of the requested information is to determine your eligibility for financial aid.
3. The purpose of this information collection is to determine your eligibility for financial aid.
4. The routine use of this information if by Tribal Education Officials and school financial aid offices to evaluate your request to assist you during your education.
5. Failure to provide requested information may result in a delay or denial in receiving a Higher Education Scholarship.

I have read the above statement. I agree to provide the required information and authorize the use of such information to be the extent of the purposes specified in the statement.

________________________________________  ________________
Applicant’s Signature                          Date
The Fort Peck Tribes Education Department’s Board of Directors requires all students in the Higher Education Scholarship Program to sign this agreement. Please read each item below then sign your initials next to each item, indicating that you have read that item.

_____ I agree to read and understand my Higher Education Scholarship Program Handbook.

_____ I will call the Education Department if I do not understand any items within the Handbook.

_____ I understand the deadline to turn in my semester grades is January 10th for the Fall and June 10th for the Spring. (Quarter term students have 15 days after quarter ends). Failure to turn in grades by the deadline will result in automatic suspension.

_____ I acknowledge it is my responsibility to ensure grades are submitted to the Education Department.

_____ I acknowledge the deadline date to turn in my scholarship applications is July 15th.

Please return this form along with your completed Higher Education Scholarship application to the Fort Peck Tribes Education Department and keep a copy for your records.

________________________________________  __________________________
Student Signature                          Date