

## **SCHOLARSHIP PACKET**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

- \_\_\_ Tribal Basic Application
- \_\_\_ Policy & Procedure Form
- \_\_\_ Request for Assistance
- \_\_\_ Intake Application
- \_\_\_ Budget
- \_\_\_ Acceptance Letter
- \_\_\_ Tribal I.D. Or Enrollment verification & Other Photo I.D.
- \_\_\_ High School Diploma/GED
- \_\_\_ FAFSA (Need this undated)
- \_\_\_ Class Schedule
- \_\_\_ Grades/ Transcripts (from previous College)
- \_\_\_ Enrollment with Selective Service.
- \_\_\_ Tennessee Warning/Data privacy

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Assigned Case Manager

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Date Complete

If you have any questions please feel free to contact our office. Monday-Friday 8:00-4:30

Application For: <input type="checkbox"/> Vocational Training <input type="checkbox"/> Higher Education (Check one)	<b>RED LAKE BAND OF CHIPPEWA INDIANS</b> <b>OSHKIIMAHJITAHDAH</b> P.O. Box 416 Redby, Minnesota 56670 Telephone: (218) 679-3350  All information being requested is voluntary; however, failure to fully complete all applicable parts may result in delays in processing this application or make it impossible to process it.	(FOR OFFICE USE ONLY) Date received _____ Previous Services _____ _____ _____ _____
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**Part I – TO BE COMPLETED BY THE APPLICANT**

LAST NAME MAIDEN	FIRST	MIDDLE	SOC. SEC. #	DOB	STATE OF RESIDENCY
ADDRESS STATE	STREET ZIP	CITY	AREA CODE/PH:		Marital Status <input type="checkbox"/> S <input type="checkbox"/> M
Name of High School	College Major	Vocational Course	Children or Dependents: List/Relationship		
Year Graduated _____ GED _____	Date Classes Begin _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Year in College/Voc. School <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____		
Name of College or Voc. School you plan to attend:	Expected Graduation Date Month _____ Year _____				
Have you received a Tribal Scholarship before? Yes _____ No _____ When? _____ Where? _____			Father's Name _____ D.O.B. _____ Tribal Affiliation: _____		
Mother's Maiden Name _____ D.O.B. _____ Tribal Affiliation: _____			Person to Contact in Emergency: Address _____ Phone _____		
ATTENTION: If you are enrolled under a different name, what is it?			Your expected monthly income while in school? Employment _____ Savings _____ Vocational Rehab. _____ Veterans Benefits _____ Take Home Pay-Spouse _____ MFIP/TANF _____ Social Security _____ Other _____		
Military Service? Dates: From _____ to _____					

I will contact the financial aids office of the institution I have selected and will apply for any and all other assistance available to me. I will request that the financial aid office notify my Tribe of any financial need and aid the school offers to me. I further certify that the above information provided to the institution by me may be shared with the appropriate agencies, and I will provide my Tribe with a complete official transcript at the end of the academic year and at any other time as is requested. I request that any grant awarded me be mailed to me in care of the financial aid office of the institution I attend. I authorize the Red Lake Tribe to provide prospective employers with my Name, Address, and Field of Study, upon completion of my academic program. I further authorize the Red Lake Tribe to obtain my Indian blood quantum to determine my eligibility for services and financial assistance.

\_\_\_\_\_  
Applicant Signature Date

**PART II – TO BE COMPLETED BY THE RED LAKE TRIBE**

I hereby certify that the above named applicant is \_\_\_\_\_ degree of \_\_\_\_\_  
Indian blood according to available records.

\_\_\_\_\_  
Certifying Official Signature Date

Red Lake Band of Chippewa Indians Employment & Training Division

**Scholarship Application Policy & Procedures**

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Enclosed is a professional or technical development scholarship application packet.

**Fall Semester Deadline: Third Friday In September**

**Spring Semester Deadline: Third Friday In February**

The award will be sent to the institution for disbursement after all of the students documentation is submitted to New Beginnings and the file is complete. The maximum award will not exceed \$1,650.00 in an academic semester, based on the unmet need portion submitted by the institutions financial aid office. A student with no unmet need as determined by the institutions financial aid office will not be eligible for funding.

All students classified as fulltime must be enrolled in 12 credits or more, and continue with a grade point average (GPA) of 2.0 or better. Students classified as part time are students with less than 12 credits but more than 6, and continue with a grade point average (GPA) of 2.0 or better, AND have an unmet need that is determined by the institution (but will only be eligible for books, tuition, and fees only) based on the availability of funds.

If a student falls below the 2.0 GPA or 12 credits in a semester; will be placed on academic probation for the subsequent semester in which the student must continue maintaining the 12 credits or more and attain a 2.0 GPA or better. The second time a student is placed on academic probation they will have to complete a semester without the assistance of New Beginnings. Any student who receives scholarship from New Beginnings and withdraws or does not continue with classes after receiving funding will be placed on academic suspension for 1 (one) academic year.

Students who are in default status on a student loan will not be eligible for financial aid from New Beginnings.

Funding is meant for the purpose of undergraduate studies only.

Students pursuing a four year degree must do so in 10 semesters/14 quarters.

Students pursuing a two year degree must do so in 6 semesters/8 quarters.

Students who have experienced a hardship or emergency must have documentation from a qualified professional that it had a direct impact on their ability to comply with program requirements.

Any student that is denied funding can file a written appeal to the New Beginnings Program within 30 days after being notified of denial.

Individuals who are incarcerated are not eligible for funding through New Beginnings.

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Student Signature/Date

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Case Manager Signature/Date

**OSHKIIMAAJTAHDAH  
CLIENT INTAKE INFORMATION**

**Personal Information**

CIF# \_\_\_\_\_

MAXIS #: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Native American: \_\_\_\_\_ Tribe: \_\_\_\_\_ Native Hawaiian \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Receiving Cash Assistance \_\_\_\_\_

Single adult: \_\_\_\_\_ (age 22 or older) Youth: \_\_\_\_\_ (age 21 or under)

Are you registered with the Selective Service System? Y \_\_\_\_\_ N \_\_\_\_\_ (Males 18 - 26 are required to register.)

**Family Status**

Single person: \_\_\_\_\_ Head of Household \_\_\_\_\_ Total in Household \_\_\_\_\_

Teen Parent: \_\_\_\_\_ One-parent family: \_\_\_\_\_ Two Parent Family: \_\_\_\_\_

List all members of your household (including birthdates):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment Status**

Currently working: Yes \_\_\_\_\_ No \_\_\_\_\_ Received notice of lay-off: Yes \_\_\_\_\_ No \_\_\_\_\_

Hourly wage: \_\_\_\_\_ Current job \_\_\_\_\_ or last job \_\_\_\_\_ last date worked: \_\_\_\_\_

**Education Status**

Dropped out of High School: \_\_\_\_\_ Date: \_\_\_\_\_ Highest grade completed: \_\_\_\_\_

Attending Middle/High School \_\_\_\_\_ Current grade level: \_\_\_\_\_

Attending Post High School: \_\_\_\_\_ Course of Study: \_\_\_\_\_

High School Diploma or GED: \_\_\_\_\_ Date received: \_\_\_\_\_

### Employment History

List of jobs you have had in the past:

1.) Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Skills used: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date job ended: \_\_\_\_\_

2.) Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Skills used: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date job ended: \_\_\_\_\_

3.) Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Skills used: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date job ended: \_\_\_\_\_

### Job Related Training

First Aid Card: Y\_\_N\_\_ Date: \_\_\_\_\_ CPR Training: Y\_\_N\_\_ Date: \_\_\_\_\_

Permits: \_\_\_\_\_

Union Member: Y\_\_N\_\_ Name: \_\_\_\_\_

Work Shops/Training attended:

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

### Education History

Attended Post High School in the past: \_\_\_\_\_ Dates: \_\_\_\_\_

School: \_\_\_\_\_ Grad? Y\_\_N\_\_ Credits earned: \_\_\_\_\_

Course of study: \_\_\_\_\_

Currently attending: GED: \_\_\_\_\_ Vocational School: \_\_\_\_\_ College: \_\_\_\_\_

Name and Location of School: \_\_\_\_\_

Certificate or Degree Program: \_\_\_\_\_

Estimated completion date: \_\_\_\_\_

Other Educational Information: \_\_\_\_\_

**Personal Information Checklist:**

(circle your answer Y for yes, N for no)

- |   |   |   |                             |
|---|---|---|-----------------------------|
| 1. Transportation is a hardship                                       | Y | N | _____                       |
| 2. Driver's License   | Y | N | _____                       |
| 3. Need child care services   | Y | N | _____                       |
| 4. Receiving housing assistance                                       | Y | N | _____                       |
| 5. Criminal history is a barrier to employment                        | Y | N | _____                       |
| 6. Currently under doctor's care                                      | Y | N | _____                       |
| 7. Are you able to work?  | Y | N | _____                       |
| 8. Substance abuse issues   | Y | N | _____                       |
| 9. Do you have trouble communicating                                  | Y | N | _____                       |
| 10. Reading level is low  | Y | N | _____                       |
|   |   |   | Math level is low Y N _____ |
| 11. Other difficulty (ies) relating to school, employment or training | Y | N | _____                       |

**Personal and/or Family Income**

Source	Monthly Income	Date Started	Date ended
MFIP (TANF)			
Social Security Inc.			
General Assistance			
Unemployment Ins.			
Housing Assistance			
Child Care Assist.			
Food Stamps			
Child Support			
Wages			
Other			
Total Monthly Income:			

**CERTIFICATION:** I certify the information given is true to the best of my knowledge. I understand that the information provided is subject to review and verification and I may have to provide documents to support this intake. I am also aware that I am subject to termination for one (1) year if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I agree to supply information regarding resources and income and will notify New Beginnings of any changes in my (our) situation. This authorization is to disseminate employment and educational information to potential employers and educational institutions for the purpose of assisting me in obtaining assistance, training, education or employment.

Signature of Applicant/Date

Signature of Parent/Legal Guardian/Date

**CERTIFICATION:**

Certain education, employment, and training programs available through New Beginnings require applicants to undergo drug screening. I understand that I may be required to undergo a drug-screening test at any time prior to commencement of training or supported work service. I also understand that a positive test result, or refusal to cooperate fully with the drug-screening procedure, will result in denial of financial assistance through New Beginnings for training and supported work services.

\_\_\_\_\_  
Signature of Applicant/Date

\_\_\_\_\_  
Signature of Parent/Guardian/Date

**CERTIFICATION FOR ELIGIBILITY FOR SERVICES**

I certify that this individual has met the application requirements and based on all information received through the intake interview process, this person is eligible for 102-477 services.

The determination is based on the Employment Barriers and the following criteria:  
Native American \_\_\_ Unemployed \_\_\_ Econ. Disadvantaged \_\_\_ TANF recipient \_\_\_  
(Child/Adult)

\_\_\_\_\_  
Case Mgr./Job Counselor Signature/Date

\_\_\_\_\_  
Reviewer Signature/Date

**Primary Activity:** \_\_\_\_\_

Immediate goal: \_\_\_\_\_

Target Date: \_\_\_\_\_

Goal # 2: \_\_\_\_\_

Target Date: \_\_\_\_\_

Goal # 3: \_\_\_\_\_

Target Date: \_\_\_\_\_

Goal # 4: \_\_\_\_\_

Target Date: \_\_\_\_\_

**ACTIVITY COMPLETION:**

Primary Activity: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Activity # 2: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Activity # 3: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Activity # 4: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Date of Completion: \_\_\_\_\_ Completed other plan objective: \_\_\_\_\_

Completed Education/Training Objective \_\_\_\_\_ Other Completion: \_\_\_\_\_

In order to provide the assistance you are requesting we are required to verify your eligibility for Program resources. Eligibility is determined only after your complete and signed INTAKE application is received and the following items are submitted for the service(s) you are requesting.

**FOR ALL SERVICES:**

- |   |  |
|---|--|
| ___ 1. Photo ID & Tribal Enrollment Verification<br>Tribal ID will be accepted for both | ___ 3. Verification of Income as listed on Intake page 3 |
| ___ 2. For Males 18 years old – 26 years old  | ___ 4. Request for Assistance Form                       |

**FOR GENERAL ASSISTANCE:**

**A. Job Search**

**B. Medical**

- |   |  |
|---|--|
| ___ 1. Copy of High School Diploma or GED               | Items 1-9 under Job Search AND   |
| ___ 2. Signed Emergency Cash Assistance Policy          | ___ 1. New Beginnings Medical Examination form   |
| ___ 3. Individual Development Plan (IDP)                |  |
| ___ 4. Request for Assistance                           |  |
| ___ 5. Verification of Income                           | ___ 2. Verification you have applied for other State or Federal Benefits, if you have been on GA for 6 months or more. |
| ___ 6. Verification of Employment                       |  |
| ___ 7. Current Light Bill in your name (every 3 months) |  |
| ___ 8. Food Support Verification (every 3 months)       |  |
| ___ 9. Job Search Verification (every 3 months)         |  |
| ___ 10. Tennessee Warning/Data Privacy                  |  |
| ___ 11. Resume  |  |

**FOR EDUCATION:**

- |   |
|---|
| ___ 1. Red Lake Band of Chippewa Indians Applications                   |
| ___ 2. Scholarship Policy and Procedure Form                            |
| ___ 3. Budget Application (ISAP submit to college Financial Aid Office) |
| ___ 4. Acceptance Letter from School/College                            |
| ___ 5. Copy of High School Diploma or GED                               |
| ___ 6. Copy of FAFSA (Free Application for Federal Student Aid)         |
| ___ 7. Copy of Class schedule for each semester                         |
| ___ 8. Official Transcripts for all previous attendance                 |
| ___ 9. Tennessee Warning/Data Privacy                                   |

**FOR CHILD CARE:**

- |   |
|---|
| ___ 1. Child's or children's birth certificate(s)                       |
| ___ 2. Verification of Tribal Enrollment for each child and each parent |
| ___ 3. Proof of Residency-copy of utility bill or rental lease          |
| ___ 4. Verification of Employment for Self: _____ Spouse: _____         |
| ___ 5. Verification of MFIP received for Relative Care                  |
| ___ 6. Verification of Court Order                                      |
| ___ 7. Individual Development Plan                                      |
| ___ 8. Child Care Provider's Information from Caregiver Checklist       |
| ___ 9. Child Care Licensing and Registration Checklist                  |
| ___ 10. Consent and Request for Law Enforcement and Agency Records      |



## INDIVIDUAL DEVELOPMENT PLAN

NAME \_\_\_\_\_

DATE \_\_\_\_\_

### GOALS

(Sometimes you can use your short-term goals to help you reach your long-term goals. Long-term goals of becoming a doctor, for example, require fulfilling many short-term goals first. For example, you may need to get a job with a flexible schedule to allow you to study for your medical school entrance exams. Getting a flexible job, therefore, is a short-term career goal that will help you reach your long-term goals.)

Long Term/Short Term	Date Achieved

### ASSETS AND BARRIERS

**BASIC MATH AND LANGUAGE SKILLS**

**JOB SKILLS AND EXPERIENCE**

**EDUCATION TRAINING BACKGROUND**

**WORK BEHAVIORS**

**PHYSICAL CONSIDERATIONS**

**FOLLOW UP DATES:**

30 DAY FOLLOW UP \_\_\_\_\_ COMMENTS: \_\_\_\_ (See Case Note) \_\_\_\_\_

60 DAY FOLLOW UP \_\_\_\_\_ COMMENTS: \_\_\_\_ (See Case Note) \_\_\_\_\_

90 DAY FOLLOW UP \_\_\_\_\_ COMMENTS: \_\_\_\_ (See Case Note) \_\_\_\_\_

WHAT ARE YOUR SUPPORTIVE SERVICE NEEDS?

I HAVE BARRIERS THAT ARE KEEPING ME FROM FINDING A JOB/HOLDING A JOB OR FURTHER MY EDUCATION. MY BARRIERS ARE:

THE WAYS IN WHICH I WILL HELP REMOVE THE BARRIERS ARE BY:

TO HELP ME ACHIEVE MY GOALS THE SUPPORTIVE SERVICES I NEED ARE:

CASE MANAGER SUMMARY:

**CERTIFIED STATEMENT**

I clearly understand and agree with the Plan on Services as written. My signature below verifies that I actively took part in the planning process.

\_\_\_\_\_  
Signature of Client/Date

\_\_\_\_\_  
Signature of Case Manager/Date

**Red Lake Band of Chippewa Indians – New Beginnings – Request for Assistance**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Box #) (Phy. Address) (Town) (State) (Zip)

Maxis/CIF #: \_\_\_\_\_ PH: \_\_\_\_\_ Message PH: \_\_\_\_\_

Email: \_\_\_\_\_ District: \_\_\_\_\_

Brief description of the assistance you are requesting: \_\_\_\_\_  
\_\_\_\_\_

Estimated Cost Requested: \_\_\_\_\_ Name of Vendor: \_\_\_\_\_

**I certify that the information provided herein is true to the best of my knowledge. I am aware that the information is subject to review and I may have to provide documentation to support this request. I am aware that I may be subject to prosecution for fraud and/or perjury if statements contained are found false.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Job Counselor/Case Manager

**FOR OFFICE USE ONLY:**

Eligibility Determined: YES NO Complete File: YES NO Compliance: YES NO

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved; Reason \_\_\_\_\_

Request reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Compliance Manager)

Request approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Executive Director or Authorized Employee)

**Accounts Payable**

- 102-477
- MFIP
- DWP
- \_\_\_\_\_
- INNOVATION TRANSPORTATION**  
Auto Insurance Drivers Education Auto Repair Drivers License Fee Gas Vouchers  
Bus pass  
Other; Specify \_\_\_\_\_



## **TENNESSAN WARNING/DATA PRIVACY**

### **DATA PRIVACY RIGHTS FOR APPLICANTS/RECIPIENTS OF THE NEW BEGINNINGS MFIP PROGRAM**

#### **YOUR RIGHTS:**

Under the Minnesota Data Privacy Act, you have the right to know how the information you provide on your application will be used. The information you provide on the application for a program is classified as private under Minnesota law and cannot be disclosed without your permission, except as provided below.

#### **PURPOSE AND USE:**

The information on the application will be used to determine your eligibility for the program and level of assistance. Information you provide will also be used for statistical and research purposes and will not reveal any personal identifying information and you or members of your household.

#### **WHAT IS REQUIRED?**

We encourage you to answer all the questions because your correct answers will enable us to properly verify and prioritize your application. Emergency phone, language spoken in the home, township, and number of persons employed in the household, race, years of education and child's schools are optional. However, this information is requested for the purpose of you. Your response will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in effective non-discriminatory manner. Number/code/status blanks are for office use only. We may not be able to properly process your application without all other information.

#### **WHO WILL HAVE ACCESS:**

Tribal staff and county, state (or federal) employees, whose job require access to your application as well as auditors, may have access to your application. These people are all required not to disclose any personal information about your or members of your household. State and/or federal employees and auditors may review applications to ensure that the MFIP programs are serving properly.

The New Beginnings MFIP system for collecting and utilizing personal participant data is limited to facilitate efficient administration of the program, while simultaneously safeguarding the privacy of its subjects. As mandated by Minnesota Government Data Practices Act of 1974, the program has established a system for data management methods and procedures outlined below.

#### **TYPES OF DATA MAINTAINED:**

The following type of data may be contained in participant files. This is compilation of data requested on all forms by this program, and collectively required by funding purposes.

1. Name
2. Social Security Number
3. Tribal affiliation
4. Medical reports and information to relative to Employment and Training
5. Psychological reports relative to Employment and Training
6. Home telephone number
7. Home address
8. Household income (gross family income)
9. Age
10. Sex
11. Housing situation (own, rent...)
12. Number of persons in household
13. Names and relationship of household members.
14. Handicap
15. Nature and dollar amount of assistance received
16. Copies of bills submitted for reimbursement
17. Source of income
18. Substance Abuse history relevant to Employment and Training
19. Criminal and traffic violations relevant to Employment and Training
20. Date of enrollment
21. Past/present work history
22. Veteran status
23. Educational levels
24. Participation in other programs relative to employability, planning and funding.

**RECORDS RETENTION:**

- a. All past and present participant records will be reviewed quarterly.
- b. At no time will any employee of MFIP programs collect data on or maintain a private file on any participant of the program.

**SECURITY:**

Participant files are stored in the locked cabinets located in the New Beginnings Central File Room and are under lock at all times. A request for the key to gain access to the File Room will be made to Security or the Executive Director. Program staff is responsible for the program files, its contents and the Executive Director and the Security Guard will be responsible for the internal and external access and security.

**Verification of participant being informed of the Tennessee Warning indicated by his/her signature below.**

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**Signature of Participant/Date**

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**Signature of Case Mgr./Job Counselor/Date**



MN Indian Scholarship Program  
 MN Office of Higher Education  
 1450 Energy Park Dr., Suite 350  
 St. Paul, MN 55108  
 (800) 657-3866  
 (651) 642-0567

**MINNESOTA INDIAN  
 SCHOLARSHIP PROGRAM  
 APPLICATION INSTRUCTIONS**

2012-2013

DUE: July 1<sup>st</sup>

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Read instructions before completing application. Incomplete applications will not be processed.

Return the application to:  
 Minnesota Indian Scholarship Program  
 Minnesota Office of Higher Education  
 1450 Energy Park Drive, Suite 350  
 St. Paul, MN 55108-5227

**PROGRAM INFORMATION**

The Minnesota Indian Scholarship Program provides postsecondary financial assistance to eligible Minnesota resident students who are of ¼ or more American Indian ancestry and demonstrate financial need for an award. Eligible students must be attending eligible accredited institutions in Minnesota. Scholarships are available to eligible undergraduate students enrolled at least ¼ time and graduate students enrolled at least half time who are meeting Satisfactory Academic Progress (SAP) requirements as defined by the institution and have completed a Free Application for Federal Student Aid (FAFSA) and applied for other state and federal scholarship and grant programs. Students are eligible to receive a scholarship for up to five years of study at the undergraduate level (limited to 3 years of funding for students in less than 4-year programs) and an additional five years of study at the graduate level and may receive the scholarship for only one degree per undergraduate educational level and one terminal degree. The award amount is based on need up to \$4,000 per year for undergraduate students and up to \$6,000 for graduate students. Scholarships are awarded on a 'first come – first served' basis based on the date your complete application is received at the MISP office at the address listed above or via an online application.

**COMPLETE APPLICATION CHECKLIST**

- In order for your application to be considered complete once received at the MISP office, your application must include the following:
- The name of the college and the campus location, if applicable, that you plan to attend or are already attending
  - A complete mailing address, to ensure that we can correspond with you
  - A complete budget sheet completed by a school official in the financial aid office at your college (college may submit online)
  - Documentation of ¼ American Indian ancestry showing blood quantum must accompany the application unless you have applied for the MISP before and it was submitted with your previous application
  - Student signature and date

**PRIORITY DEADLINE CONSIDERATION**

- Priority deadline is July 1<sup>st</sup>. In order to be considered for priority funding you must:
- Step 1: Complete a Free Application for Federal Student Aid (FAFSA) at [www.fafsa.ed.gov](http://www.fafsa.ed.gov)
  - Step 2: Complete student section of attached Minnesota Indian Scholarship Program Application
  - Step 3: Request college financial aid office to complete school budget section of application in paper or online
  - Step 4: Submit completed application, including student section and school budget section to the MISP at the address listed
  - Step 5: If applying for tribal scholarship, submit copy of completed MISP application to tribal scholarship office

**IMPORTANT INFORMATION**

- Scholarships are awarded on a 'first come – first served' basis based on the date your complete application is received at the MISP office at the address listed above or via an online application.
- If we require additional information, we will contact you via U.S. mail and/or your submitted email address.
- We make every attempt to contact you in regards to your application status via U.S. Mail and/or email, but if it is returned with no forwarding address, notification is sent to your college and will remain as the only notification.
- It is YOUR responsibility to contact us if you have a change of address or other information.
- It is YOUR responsibility to get ALL requested information to us as soon as you can, as delays may result in lack of funding.
- Registering on the FIRST day of class may result in a lack of funding or delayed disbursement of your MISP award if your college has to recalculate your budget.
- Undergraduate students must be registered for ¼ time or more and graduate students at least half time. Applications will not be considered for students not registered at the required enrollment level.
- We recommend that you apply for a tribal scholarship as soon as possible.
- We recommend that you contact your college financial aid office after you have submitted your MISP application to ensure that all the required documentation has been received.

**QUESTIONS??**

- If you need assistance filling out this application or have any questions, please contact us at:  
 Telephone Number 1-800-657-3866 or (651) 642-0567
- You can also submit email inquiries to [info.ohe@state.mn.us](mailto:info.ohe@state.mn.us).
- Be sure to specify your inquiry is related to the Minnesota Indian Scholarship Program.





MN Indian Scholarship Program  
 MN Office of Higher Education  
 1450 Energy Park Dr., Suite 350  
 St. Paul, MN 55108  
 (800) 657-3866  
 (651) 642-0567

**MINNESOTA INDIAN  
 SCHOLARSHIP PROGRAM  
 BUDGET SHEET  
 (FOR FINANCIAL AID OFFICE USE ONLY)**

2012-2013

DUE: July 1<sup>st</sup>

Page 1

**IDENTIFICATION INFORMATION**

Student Name	Social Security Number
Institution Name	Federal School Code

**FINANCIAL AID OFFICE VERIFICATION OF INFORMATION**

School Official (please print)	Signature	Date	Telephone Number ( ) -
Does student meet MN State Grant residency requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	ISIR date this budget/EFC is based on:	Check here if Budget Sheet sent to Tribal Scholarship Office: <input type="checkbox"/>	
Type of Budget: <input type="checkbox"/> First Budget <input type="checkbox"/> Revision	<input type="checkbox"/> Revision, Summer Add On <input type="checkbox"/> Summer Only	Revisions: <input type="checkbox"/> 1st Revision Date:	<input type="checkbox"/> 2 <sup>nd</sup> Revision Date: <input type="checkbox"/> 3 <sup>rd</sup> Revision Date:
Student Will be Attending <input type="checkbox"/> Full Time <input type="checkbox"/> 3/4 Time <input type="checkbox"/> 1/2 Time (undergraduate students not eligible at 1/2 time)	Current Student Status: <input type="checkbox"/> Eligible <input type="checkbox"/> Academic Suspension <input type="checkbox"/> In Default on Federal or State Loan <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other:	Current degree student is seeking: <input type="checkbox"/> Certificate/Diploma <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Graduate/Master's <input type="checkbox"/> Doctorate or Professional	
Budget Period: From: To:	Total Cost of Attendance for this Budget Period: \$		
Resources:	Parent Contribution: \$	Student Contribution: \$	Total Resources (EFC): \$
<b>IMPORTANT:</b>	Please list grants, scholarships, and institutional aid the student is receiving or expected to receive. Please do not list federal or private loans. Start Date will determine MISP disbursement date. Enrollment level used to confirm student is eligible each term.		

TERMS	SSII (2012)	FALL	WINTER	SPRING	SSI (2013)	TOTAL
Start Date (for disbursement)						
Enrollment Level (FT, 3QT, HT)						
Assessed Need (COA - EFC)	\$	\$	\$	\$	\$	\$
FEDERAL/ STATE/ COLLEGE GIFT AID DO NOT INCLUDE LOANS	PELL	\$	\$	\$	\$	\$
	SEOG	\$	\$	\$	\$	\$
	MN ST GT	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
<b>BALANCE</b>	\$	\$	\$	\$	\$	\$

**ADDITIONAL INSTITUTIONAL COMMENTS**

**TRIBAL AND MISP FUNDING  
 (FOR MISP OFFICE ONLY)**

TERMS DATE	SSII	FALL	WINTER	SPRING	SSI	TOTAL
TRIBE	\$	\$	\$	\$	\$	\$
MISP	\$	\$	\$	\$	\$	\$

Comments:



MN Indian Scholarship Program  
 MN Office of Higher Education  
 1450 Energy Park Dr., Suite 350  
 St. Paul, MN 55108  
 (800) 657-3866  
 (651) 642-0567

**MINNESOTA INDIAN  
 SCHOLARSHIP PROGRAM  
 APPLICATION**

2012-2013

DUE: July 1<sup>st</sup>

Page 1

**GENERAL INFORMATION:**

- Read attached program information sheet and visit [www.getreadyforcollege.org/indianscholarship](http://www.getreadyforcollege.org/indianscholarship) for more information on eligibility requirements
  - Complete applications received after priority deadline of July 1, may be placed on a waiting list and awarded in order of the complete application date
  - Applications can also be submitted online at [www.getreadyforcollege.org/indianscholarship](http://www.getreadyforcollege.org/indianscholarship)
- Complete steps #1-5 by July 1<sup>st</sup> in order to be considered for priority funding:**
- Complete a Free Application for Federal Student Aid (FAFSA) at [www.fafsa.ed.gov](http://www.fafsa.ed.gov)
  - Complete student section of Minnesota Indian Scholarship Program Application
  - Request college financial aid office to complete school budget section of application
  - Submit complete application by July 1<sup>st</sup> (must include school budget and ancestry documentation)

**TYPE OF APPLICATION**

- New (never applied)  
 Renewal (applied to program before)

**TERMS OF ATTENDANCE**

- SSII (Starts after July 1)  
 Fall  
 Winter  
 Spring  
 SSI (Starts before June 30)

**STUDENT SECTION – ALL INFORMATION REQUIRED**

Name (Last, First, Middle)		Social Security Number	
Please list ALL names you have used (including maiden names) other than the name listed above		Date of Birth	
Mailing Address		E-Mail Address	
City	State	Zip Code	Telephone Number ( ) -
Permanent Address (if different from mailing address)		City	State Zip Code
College and campus site attending			

Gender  Male  Female      Marital Status  Single  Married  Other (Divorced, Separated etc.)

Degree seeking  
 Certificate/Diploma  Associate's  Bachelor's  
 Graduate/Master's  Doctorate or Professional

Major/Program      Are you an Education Major?  YES  NO      Expected Graduation (month/year):

Did you graduate from high school?  YES  NO      If YES: High School (Name, City, State)      Year of Graduation      If NO: Year of GED:

Tribal Affiliation (check one):  
 Enrolled in Tribe  Combination

**All new applicants must attach documentation from all tribes verifying ¼ or more American Indian blood. If combination, applicant must provide documentation showing blood quantum from each tribe.**

Please list all tribes with which you are affiliated (If Minnesota Chippewa Tribe, indicate band):

Tribes and Band (if applicable):	Tribal Address (include city, state, zip):
Tribes and Band (if applicable):	Tribal Address (include city, state, zip):
Tribes and Band (if applicable):	Tribal Address (include city, state, zip):

**STUDENT CERTIFICATION AND PERMISSION FOR RELEASE OF INFORMATION**

**Please check the box next to each statement indicating that you understand the statement:**

- I understand and accept the obligation to provide a written report to the college financial aid office of any changes in information provided on this application.
- I give permission to my college, the MISP and tribal offices to verify the information provided on this application and to obtain information for all funding sources relating to this application and for verifying my degree of Indian ancestry.
- I give permission to my college, the MISP and tribal officials to enter the information from this application onto the web-based application on my behalf.
- I certify that the information on this application is true and correct and I promise to provide additional documentation if requested.
- I understand that this form is used to establish eligibility for the MISP and that if I purposely give false or misleading information on this form, I may be subject to a fine, prison sentence or both; and such action may result in the forfeiture of future awards from this program.
- I understand that any changes in my FAFSA, Pell Grant, MN State Grant, or other financial aid may cause my scholarship award to be adjusted.
- I understand that all awards are subject to the availability of funds.

Applicant Signature

Date

**FINANCIAL AID OFFICER: PLEASE COMPLETE "PAGE 3" BUDGET SHEET**

In addition to the information enclosed with this packet, your scholarship process is not complete until our office has received the following information:

**Minnesota Indian Scholarship Programs submission sheet**

Go to [www.getreadyforcollege.org/Indianscholarship](http://www.getreadyforcollege.org/Indianscholarship) complete the form and print out the last page (confirmation page) and return it along with the packet. This will ensure our office can receive a completed budget form for you. The budget form will tell us if and how much funding you will be receiving and how much you qualify for through New Beginnings.

**Complete and submit your FAFSA**

(Free Application for Federal Student Aid) this can also be done online. Go to [www.fafsa.ed.gov](http://www.fafsa.ed.gov) you will need a pin number to complete this form. Directions are on this website for obtaining a pin number.

**If you are a male (18+ years)**

You must submit proof of enrollment with the selective service. You can either bring in your selective service card, or go to [www.sss.gov](http://www.sss.gov), enter your information and print out the selective service number. If for any reason you are not enrolled with Selective Services, you must submit a letter FROM Selective Service, stating why you are not enroll. If you can not provide this information, you are automatically derermined ineligible for federal funding.