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Black River Falls, WI 54615
715-284-4915 ♦ 1-800-362-4476
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HO-CHUNK NATION
HIGHER EDUCATION DIVISION
SUMMER APPLICATION

Tribal ID # | Legal Last Name | MI | First Name

Mailing Address for Summer Term | City | State | Zip

Social Security # | Date of Birth | Number of Dependents

( ) Phone # | ( ) Cell Phone # | E-mail Address

School you plan to attend | Major/Area of Study | ☐ 1 yr ☐ 2 yr ☐ 4 yr ☐ Master ☐ PhD Intended Diploma/Degree *(check box above)*

School's Financial Aid Office Address | City | State | Zip

☐Fresh ☐Soph ☐Junior ☐Senior ☐ Other
Year in School *(check box above)* | Expected Graduation Date | Previous Funding by Higher Ed. Div?

☑ Class **SCHEDULE** required *(verifying number of credits enrolled)*

☑ Complete the correct **FAFSA** for summer term

☑ Students will be responsible to pay the **INITIAL REGISTRATION FEE** to secure classes for the term. All scholarship payments are made to the school.

☑ Students must submit an **OFFICIAL GRADE TRANSCRIPT** to close out previously funded terms before eligibility can be determined.

********** STATEMENT OF CERTIFICATION **********

The information given by me on this form is accurate and complete to the best of my knowledge. I understand I am required to apply for Federal Financial Aid (FAFSA), which requires income tax filing of Per Capita and Trust Fund income. I also must complete the financial aid process at the school I plan to attend. If granted Ho-Chunk Nation scholarship funding, I will use it for educational expenses only. I give permission for all information on this form to be shared among the BIA, the Ho-Chunk Nation, the State, and the Financial Aid Office of my school. I agree to send an Official Grade Transcript to the Ho-Chunk Nation Higher Education Division at the end of each academic term to close out tribal funding. I realize that I am responsible for school payment until financial aid eligibility is determined.

Signature of Applicant | **Date**

TO BE COMPLETED BY TRIBAL ENROLLMENT OFFICER

I hereby certify that the above named applicant is a Ho-Chunk Tribal member, and is_____ degree of Indian blood according to available records.

Tribal Enrollment Number | Tribal Enrollment Name

Certifying Official Signature | Date

• Complete in ink • Faxed and Incomplete applications will not be processed •