



2019 SUMMER HO-CHUNK SCHOLARSHIP

HIGHER EDUCATION DIVISION
 P.O. Box 667
 Black River Falls, WI 54615
 (800) 362-4476
 Fax: (715) 284-1760
 higher.education@ho-chunk.com

Complete in ink. Incomplete and/or illegible applications will be returned to the student.

439A00-

TRIBAL ID NUMBER - -	LAST NAME / /	FIRST NAME <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	MI	PREVIOUS/MAIDEN NAME <input type="checkbox"/> PHONE <input type="checkbox"/> E-MAIL <input type="checkbox"/> MAIL
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SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YY)	GENDER	PREFERRED COMMUNICATION
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MAILING ADDRESS (WHILE ATTENDING SCHOOL)	CITY	STATE	ZIP
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PERMANENT ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)	CITY	STATE	ZIP
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PRIMARY PHONE NUMBER	ALTERNATE PHONE NUMBER	PRINT EMAIL
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FAFSA FILING DATE (MM/YY)	COLLEGE/UNIVERSITY YOU WILL ATTEND	COLLEGE/UNIVERSITY LOCATION: CITY, STATE
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CURRENT YEAR IN SCHOOL/CREDITS EARNED FOR INTENDED DEGREE:

FRESHMAN 1-30
 SOPHOMORE 31-60
 JUNIOR 61-90
 SENIOR 91-120
 GRADUATE # CR. ____
 NO CREDITS/UNSURE

DEGREE SEEKING:

TECHNICAL DIPLOMA/CERTIFICATE
 ASSOCIATE
 BACHELOR'S
 MASTER'S
 JURIS DOCTORATE
 DOCTORATE

MILITARY BENEFITS:
 U.S. VETERAN : YES NO
 MILITARY BENEFITS: STATE FEDERAL PARENT/SPOUSE

PRESENT EMPLOYMENT STATUS:
 EMPLOYED: YES NO
WORK STATUS WHILE ATTENDING SCHOOL: FULL-TIME PART-TIME

HO-CHUNK NATION EMPLOYEE: NO YES
 DEPARTMENT: _____

- ADDITIONAL INFORMATION NEEDED FOR SUMMER SCHOLARSHIP CONSIDERATION:
- VALID CLASS **SCHEDULE** (MUST SHOW STUDENT NAME, SCHOOL NAME, COURSE TITLE, CREDITS AND TERM)
 - ITEMIZED SUMMER **BILLING STATEMENT** FROM THE SCHOOL (ELECTRONIC OR PAPER COPY)
 - COPY OF THE **FINANCIAL AID AWARD LETTER** FROM THE SCHOOL (ELECTRONIC OR PAPER COPY)
 - PROVIDE AN **OFFICIAL GRADE TRANSCRIPT** (TO CLOSE OUT PREVIOUS FUNDING) TO DETERMINE ELIGIBILITY
 - PROVIDE AN **ACCEPTANCE/ADMISSION LETTER**
 - COPY OF **CDIB (CERTIFICATE DEGREE OF INDIAN BLOOD)**, IF NOT PREVIOUSLY PROVIDED

STUDENT CONSENT & RELEASE OF INFORMATION

The information given by me on this form is accurate and complete to the best of my knowledge. By signing this application I am granting permission for my post-secondary institution or my prospective institution to share my information, including STUDENT FAFSA RECORD INFORMATION to the Ho-Chunk Nation Higher Education Division. I give permission for my financial aid and academic information to be shared among the following funding agencies: Bureau of Indian Affairs, Ho-Chunk Nation, State, and the Financial Aid Office at my school. I understand I may be required to complete a separate release of information for any additional inquires.

SIGNATURE OF APPLICANT	STUDENT'S LEGAL NAME (PRINTED)	DATE
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