



**Higher Education Grant Program  
Mandan, Hidatsa & Arikara Nation  
404 Frontage Road  
New Town, ND 58763  
Phone: (701) 627-4112 Fax: (701) 627-2295  
Toll Free: 888-234-2384**

*Martha Hunter, Director  
Melissa Everett, Asst. Scholarship Officer*

Dear Applicant:

I am responding to your request for information and application for the **Higher Education Grant Program**. You must complete the application process in accordance with the following deadline dates; otherwise your chances of receiving funds will be jeopardized.

**DEADLINE DATES: MARCH 15<sup>th</sup>** for the academic year beginning fall term.  
**OCTOBER 15<sup>th</sup>** for the second semester or wtr. /spr. qtrs.

**NOTE:** An applicant is **COMPLETE** when the following items are on file with the Higher Education Grant Program.

- Higher Education Grant Program Application
- Letter of Acceptance and Updated college transcript
- High School transcripts or GED scores
- Signed Release of Grade form
- Signed Privacy Act form
- Certificate of Degree of Indian Blood (CDIB) 701-627-4238
- Financial Needs Analysis form (from financial Aid Officer)

Students who plan to attend college should make their plans **9 to 12 months in advance** of the college starting date. High School seniors should begin their application procedures for admission and financial aid by **November 1** for the following term or academic year.

#### **ACADEMIC FUNDING REQUIREMENTS:**

1. All grant recipients are required to submit their grades/transcripts at the end of each academic term as justification that the continued funding requirements have been met.
2. All grant recipients must complete 12 academic transferable credit hours, maintain a grade point average of 2.0 each academic term and maintain a cumulative grade point average of 2.0 in order to receive continued funding.
3. Students who are attending a 2-year college must be enrolled in an Associate of Arts or Associate of Science degree program and funds are limited to 68 cumulative credit hours; thereafter, the student is eligible for continued funding in a bachelors degree program at a 4-year college/university and a total funding is limited to a maximum of 5-years.



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Education Scholarship Officer

Melissa Everett  
Assistant Scholarship Officer

All information requested is voluntary, however, failure to fully complete all applicable parts may result in delays of processing this application or make it impossible to process at all.

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street City State Zip Code

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status:  Single  Married  Divorced  Separated

No. of Dependents: \_\_\_\_\_ Veteran:  Yes  No State of Residency: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Agency & Address: \_\_\_\_\_

Name & Address of High School: \_\_\_\_\_

Type of High School:  BIA  Tribal  Private  Mission  Public  GED Graduation/GED Date: \_\_\_\_\_

APPLICATION REQUEST: 20\_\_ 20\_\_

Academic Year  Winter & Spring Quarters  Spring Only  Fall Only  Summer  Full-Time  Part-Time

Name & Address of College Selected: \_\_\_\_\_

College Major: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Expected Degree:  AA  BA  BS  MA  Other \_\_\_\_\_

Year in College:  Freshman  Sophomore  Junior  Senior  Graduate

I will live:  On Campus  Off Campus  With Parents  Have you received a Higher Education Grant before?  Yes  No

If yes, what years? \_\_\_\_\_ Number of Semester Hours earned: \_\_\_\_\_ Quarter Hours: \_\_\_\_\_

STATEMENT OF EDUCATION PURPOSE: I declare that I will use any funds I receive under the Bureau of Indian Affairs Higher Education Grant Program solely for expenses connected with attendance at:

Name of Institution: \_\_\_\_\_

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 the necessary agencies to complete my financial aid package. I request that any Higher Education Grant awarded me be mailed to me in care of the financial aid office of the institution. I will provide a copy of my grades or transcript to the Higher Education Grant Office at the end of each academic term.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY:

DISTRIBUTION: Higher Education Grant Office - White Copy

Student - Pink Copy (IMPORTANT: Retain student copy for future reference).





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**\*\*\*TRANSCRIPT RELEASE FORM\*\*\***

*I hereby authorize the release of transcripts/grades that I earn while a student at this institution to the Mandan, Hidatsa & Arikara Nation's office of Higher Education for the purpose of financial assistance.*

*I further authorize the release of other information relevant to my attendance, progress and academic standing in courses that I'm enrolled in at this institution.*

**NAME AND ADDRESS OF ATTENDING INSTITUTION**

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

**ACADEMIC YEAR: \_\_\_\_\_ TO \_\_\_\_\_**

**{PLEASE CIRCLE ONE OR MORE THAT APPLY}**

**FALL WINTER SPRING SUMMER**

**PRINT NAME: \_\_\_\_\_**

**STUDENT SIGNATURE: \_\_\_\_\_**

**SOCIAL SECURITY NO.: \_\_\_\_\_**

**DATE: \_\_\_\_\_**

**\*\*\*\*\*IMPORTANT NOTICE\*\*\*\*\***

**IT IS THE STUDENT'S RESPONSIBILITY TO PAY ANY FEES ASSOCIATED WITH SENDING TRANSCRIPTS TO THE OFFICE OF HIGHER EDUCATION AS IT RELATES TO FINANCIAL ASSISTANCE.**

**PLEASE FORWARD THE REQUESTED INFORMATION TO THE ADDRESS ABOVE.**



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**\*\*\*PRIVACY ACT STATEMENT\*\*\***

The Three Affiliated Tribes Higher Education Grant Program operated under the general authority of 25 U.S.C., Chapter 1, 48 Stat, 208 P.L. 67.85 with specific legislation continued in 25 U.S.C. Sub-CHAPTER E. Part 40 and 43. Administration of Education loans, grants and other assistance for Higher Education in accordance with the accountability required for the Administration of the funds appropriated for the program and in order to provide services to recipients, and to declare eligibility, certain information is required of applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request.

The Privacy Act of 1974 required each Federal Agency that maintains a system of information on individuals to inform those individuals to:

1. The types of education records and information contained in them which are directly related to students and maintained by the institution.
2. The name and position of the official responsible for maintaining each type of record, the person who has access to those records, and the purpose for which they have access.
3. The policies of the institution for reviewing and expanding those records.
4. The procedures established by the institution.
5. The procedures for challenging the contents of education records.
6. The cost, if any which will be charged to the parent or eligible students for reproducing copies of records under 43.5.
7. The categories of information which the institution has designated as "directory information" under 43.20.

The applicant should understand that the intent of collecting and maintaining this data on individuals is for determining eligibility of the applicant and to provide the means for producing certain statistical records required of this office. Failure to sign the Privacy Act Statement may keep him/her from obtaining assistance under the Higher Education Grant Program.

**I HAVE READ THE PRIVACY ACT STATEMENT AND I HEREBY PROVIDE THE REQUIRED INFORMATION AND AUTHORIZE THE USE OF SUCH INFORMATION TO THE EXTENT OF THE USES SPECIFIED IN THE STATEMENT.**

Print Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

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

Witness: \_\_\_\_\_



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### FINANCIAL NEEDS ANALYSIS FORM

Martha Hunter  
Education Scholarship Officer

Melissa Everett  
Assistant Scholarship Officer

Tribal Affiliation \_\_\_\_\_

#### Part I

##### TO BE COMPLETED BY THE STUDENT

1. Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Telephone Number

2. Year in College: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

Please send me the necessary application for applying for college administered financial aid. The TAT office will need additional financial aid information as listed in Part II before any action can be taken on my application. When the necessary information is on file in our office, please complete and forward Part II or a similar form to the above address.

All students are requested to apply for other sources of funding available through the Financial Aid Office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### Part II

##### TO BE COMPLETED BY THE FINANCIAL AID OFFICER

Applications Request:  
20\_\_ - 20\_\_

This student has applied to the TAT Higher Education Office. Verified financial need information is needed through your office before we can take action on this application. We will appreciate your assistance if you would complete and forward this form or a like form to the above address. Thank you for your assistance.

Budget Period: From \_\_\_\_\_ To \_\_\_\_\_ Which will start on (date): \_\_\_\_\_

This student is considered:  Independent  Dependent

Cost of Attendance ----- \$ \_\_\_\_\_

Parental Contribution _____	S.E.O.G. _____	Tuition _____
Student Contribution _____	PELL Grant _____	Fees _____
Spouse Contribution _____	NDSL _____	Books _____
VA Benefits _____	C.W.S. _____	Room _____
Social Security Benefits _____	Scholarship _____	Board _____
Welfare/AFDC _____	_____	Travel _____
State Grants (SSIG) _____	Voc. Rehab. _____	Misc. _____
State Ind. Scholarship _____	TOTAL _____	TOTAL _____

We recommend that TAT consider awarding this student ----- \$ \_\_\_\_\_

Signature: \_\_\_\_\_  
Financial Aid Officer Date Telephone

\_\_\_\_\_  
Name of College

\_\_\_\_\_  
Address

\_\_\_\_\_  
Zip Code

Our School is in:  Semester  Quarter  Trimester  Other  
Financial Aid Office Distribution Original - TAT Yellow - FAO