

MHA EDUCATION GRANT Internship Application

The MHA Education Grant for College & Beyond was created to provide financial support for MHA enrolled members seeking Higher Education by supporting them in attaining Undergraduate, Graduate, and Professional Degrees as well as Internships and Study Abroad opportunities.

ELIGIBILITY:

- Enrolled member of the Three Affiliated Tribes
- Open to students who are in good standing at an accredited college or university.
- Applicants must be accepted into an internship and be able to provide a Letter of Acceptance.

AWARD AMOUNT:

Applicants may be eligible to receive the following: \$4,500.00, a **one-time** award.

APPLICATION PROCEDURE:

Incomplete Applications will not be considered. No exceptions.

- Complete **Student Information** (p. 2)
- Complete **Budget** (p. 3)
- Complete **FERPA Release Authorization** (p. 4)
- Provide **Letter of Acceptance** to Internship Program
- Provide most current **unofficial transcripts** which show the applicant is in good standing.
- Scan and email all documents identified above in PDF format to MHA Education Grant staff.

DEADLINE:

Applications are to be submitted **no later** than one month prior to the start of the applicant's internship.

SUBMIT COMPLETED APPLICATION TO:

Email: Kayla Rhone and/or Shannon Vivier

Mail: Sage Coulee Outreach & Wellness

Attn: MHA Education Grant
1321 Elbowoods Lane
Bismarck, ND 58503

CONTACTS:

Grant Manager: Kayla Rhone

krhone@mhanation.com

Grant Assistant: Shannon Vivier

svivier@mhanation.com

Phone: (701) 751-2928



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Student Information

INTERNSHIP INFORMATION:

Dates of Internship (start to finish): _____

Location of Internship: _____

Name of Company providing Internship: _____

SEGMENT: (please select one)

North Segment – New Town

Northeast Segment – Parshall

Off Reservation

West Segment – Mandaree

Four Bears Segment

South Segment – Twin Buttes

East Segment – White Shield

STUDENT ID NUMBER

301U -
TRIBAL ENROLLMENT NUMBER

LAST NAME

FIRST NAME

MIDDLE NAME

CURRENT ADDRESS: STREET/PO BOX

CITY

STATE

ZIP CODE

DATE OF BIRTH: _____ GENDER: MALE FEMALE

RELIABLE CONTACT NUMBER

Prefer not to disclose

EMAIL ADDRESS

Please use reliable email address as staff will use to relay important communication.

DEGREE: (please select one)

DIPLOMA/CERTIFICATE ASSOCIATES BACHELORS MASTERS DOCTORAL/PROFESSIONAL

FIELD OF STUDY:

SIGNATURE OF APPLICANT:

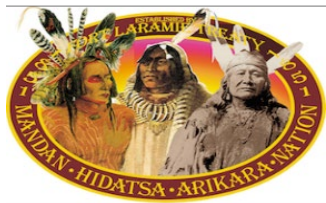
DATE:

Privacy Policy Statement/Disclaimer

The Family Educational Rights and Privacy Act (FERPA Statute 20 U.S.C. Part 1232g; Regulations 34 CFR Part 99.7) is a Federal law that protects the privacy of student education records. Personal and educational information provided is solely for the use of properly identifying students for disbursements of education grants. It is not to be shared with third party entities or organizations, unless lawfully required. The MHA Education Grant department cannot process student applications until all applicable entries of this form are completed. The information on the application form is subject to change without prior notice. Not all applications are guaranteed funding.

Release of Information

I have read and understand the Privacy Policy/Disclaimer Statements. I verify the information I have provided is true and accurate to the best of my knowledge.



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Budget

The following section is to be completed by the applicant.

PROJECTED EXPENSES: Please include an amount and any notes or comments which will help MHA Education Grant staff understand need for such expenses.	
Airfare	
Housing	
Food	
Transportation	
Miscellaneous Living Expenses	
TOTAL EXPENSES	\$
RESOURCES: Please include all other funding sources and the amount for which you have applied (even if you have not yet received approval) as well as any personal contribution you will make.	
Personal Contribution	
Other Grants/Scholarships	
TOTAL RESOURCES	\$
FINANCIAL NEED (EXPENSES-RESOURCES)	\$

SIGNATURE OF APPLICANT: _____ DATE: _____

MAIL CHECK TO:

Please note that Internship grants will be mailed directly to applicants at the address on file in tribal enrollment. The MHA Education Grant staff can not make changes to the address each applicant has on file with tribal enrollment.

NAME: _____ PHONE: _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

FOR OFFICE USE ONLY

AMOUNT APPROVED \$ _____ APPROVED BY: _____ DATE: _____



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FERPA Release Authorization

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

The MHA Education Grant staff must have written permission from the eligible student in order to release any information from a student's education record.

I, _____, consent ____ do not consent ____ to the release of my MHA Education Grant records to my parent(s), guardian(s), or other entities listed below for the purpose of keeping them informed about my MHA Education Grant information. I understand that MHA Education Grant records include, but are not limited to, information about my academic standing, disciplinary issues, and financial obligations to my educational institution.

I acknowledge that I may submit a subsequent notification in writing directing the MHA Education Grant to no longer release information to any or all of the individuals listed below.

The MHA Education Grant is authorized to release information to the following individuals: (please print clearly)

School Officials: Consent ____ Do not consent ____ Student Initial ____

MHA Education Pathways Mentor: Consent ____ Do not consent ____ Student Initial ____

Other:

Name

Relationship to Student

Name

Relationship to Student

Name

Relationship to Student

X _____

Student's name

X _____ X _____

Student's signature

Date