

## MHA Education Grant PreK-12 Application

The MHA Education Grant for PreK-12 was created to provide financial support for MHA enrolled members seeking education opportunities at private/charter school, learning center, close-up group trips, and mileage assistance. The MHA Education Grant does not fund Summer sessions for PreK-12.

### **ELIGIBILITY:**

- Enrolled member of the Three Affiliated Tribes
- Applicants must be enrolled or attending a school or program outlined in section 1.2 of the MHA Education Grant Policies and Procedures.
- Pre-Kindergarten applicants must be attending an accredited professional preschool.

### **AWARD AMOUNT:**

Applicants may be eligible to receive the following: **up to \$2,500.00** per semester for private/charter schools and learning centers; **up to \$1,500** for close-up group trips, and **up to \$500** per semester for mileage assistance.

### **APPLICANT PROCEDURE:**

***Incomplete Applications will not be considered. No exceptions.***

Completed applications must be submitted for **each** semester in which funding is sought. (One application for the spring term/one application for the fall term)

- **Private/Charter schools:** submit the following documents with your application:
  - Official Billing Statement from the school
- **Learning Centers:** submit the following documents with your application:
  - Copy of Progress Report from the Learning Center
  - Official Billing Statement from the Learning Center
- **Close-up Group Trips:** submit the following documents with your application:
  - Documentation with breakdown of each individual cost per student required.
- **Mileage Assistance:** Eligible children and families residing within the Three Affiliated Tribes boundaries whose child attends a school without bus services may receive financial assistance up to \$500 per Fall/Spring semesters. GSA mileage rates will be used to determine amounts. Applicants are ineligible to receive Mileage Assistance if they are already receiving the PreK-12 MHA Education Grant. Mileage assistance will be provided per household.
  - Documentation with a breakdown of mileage and cost using GSA standards.

### **DEADLINES:**

The deadline to complete an application for **Spring funding** is **May 15<sup>th</sup>**.

The deadline to apply for **Fall funding** is **December 15<sup>th</sup>**.

It is required that applicants apply within the semester (Fall/Spring) in which they are applying.

### **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:**

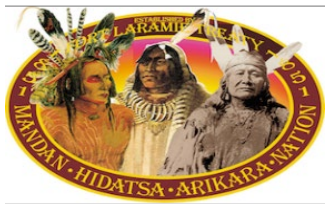
**Grant Manager:** Kayla Rhone

krhone@mhanation.com

**Grant Assistant:** Shannon Vivier

svivier@mhanation.com

Phone: (701) 751-2928



MHA Education Grant  
PreK-12 Application

Student Information

SEMESTER ATTENDING: (please select one)

FALL  SPRING

ACADEMIC YEAR: \_\_\_\_\_

SEGMENT: (please select one)

Off Reservation

North Segment – New Town

Northeast Segment – Parshall

West Segment – Mandaree

Four Bears Segment

South Segment – Twin Buttes

East Segment – White Shield

_____	_____	_____	_____
LAST NAME	FIRST NAME	MIDDLE NAME	301U- TRIBAL ENROLLMENT NUMBER

_____	_____	_____	_____
CURRENT ADDRESS: STREET/PO BOX	CITY	STATE	ZIP CODE

\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GENDER:  MALE  FEMALE  
 Prefer not to disclose

RELIABLE CONTACT NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

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

GRADE LEVEL: (please select one)  PRE- KINDERGARTEN  KINDERGARTEN  FIRST  SECOND  THIRD

FOURTH  FIFTH  SIXTH  SEVENTH  EIGHTH  FRESHMAN  SOPHOMORE  JUNIOR  SENIOR

NAME OF PARENT/GUARDIAN (please print): \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

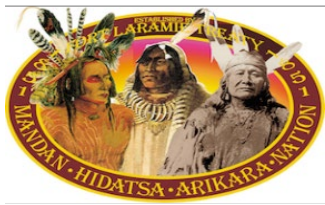
*I verify under penalty of perjury that the foregoing is true and correct.*

**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 program 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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Parent Financial Statement

STUDENT INFORMATION AND RELEASE

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

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

*I authorize my school's business office to release all budget and financial data required for the purposes of determining eligibility for the MHA Education Grant Program.*

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**\*This portion of application to be completed by school official\***

SEMESTER (circle one)		Year 20_____
Fall	Spring	
<b>COST OF ATTENDANCE</b>		
	Tuition	
	Fees	
	Meals	
	Books	
	<b>TOTAL</b>	\$
<b>RESOURCES</b>		
	Parent Contribution	
	Scholarships & Grants	
	Other/Institution/Private Sources	
	<b>TOTAL</b>	\$
<b>FINANCIAL NEED UNMET</b>		\$

SIGNATURE/TITLE OF CERTIFYING SCHOOL OFFICIAL:

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

**MAIL CHECK TO:**

NAME OF INSTITUTION: \_\_\_\_\_ PHONE: \_\_\_\_\_

INSTITUTION ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

*I verify under penalty of perjury that the foregoing is true and correct.*

**FOR OFFICE USE ONLY**

AMOUNT APPROVED \$ \_\_\_\_\_ APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_