



MHA EDUCATION GRANT Dual Credit Application

The MHA Education Grant for Dual Credit was created to provide financial support for MHA enrolled members seeking Higher Education by supporting them in attaining Dual Credit opportunities while still attending High School.

ELIGIBILITY:

- Enrolled member of the Three Affiliated Tribes
- Applicants must be a current high school junior or senior, in good academic standing, attending an accredited institution of higher education.
- Applicants must receive authorization from their high school to take an approved dual credit course(s).
- Applicants residing within the Three Affiliated Tribes boundaries must first apply for funding with the 477 Program prior to becoming eligible for the Dual Credit grant.

AWARD AMOUNT:

Eligible applicants may receive assistance for up to six (6) credits per academic term, up to four (4) terms, to be used solely for tuition, books, and fees. Students may not receive assistance to retake a course.

APPLICATION PROCEDURE:

Incomplete Applications will not be considered. No exceptions.

- Complete **Student Information** (p. 2).
- Give **Course Information** (p. 3) to a certifying high school official to complete on behalf of the student.
- Attach **Official Billing Statement** from College and/or Educational Institution which reflects costs for dual-credit course(s).
- Scan completed application (pp. 2-3) and official billing statement in PDF format and email to MHA Education Grant Staff.

DEADLINES:

The deadline to complete an application for **Spring funding** is **May 15th**.

The deadline to apply for **Fall funding** is **December 15th**.

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: MHA Education Grant Program
840 43rd Avenue NE, Suite 202
Bismarck, ND 58503

CONTACTS:

Director: Kayla Rhone
krhone@mhanation.com
Manager: Shannon Vivier
svivier@mhanation.com
Phone: (701) 751-0280



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Student Information

TERM ATTENDING: (please select one)

Term: Fall Winter Spring Summer

Academic Year: _____

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

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

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

GRADE LEVEL WHEN CLASS IS TAKEN (CHECK ONE): JUNIOR SENIOR

SIGNATURE OF PARENT/GUARDIAN _____ DATE(MM/DD/YYYY): _____

SIGNATURE OF APPLICANT _____ DATE(MM/DD/YYYY): _____

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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Course Information

The following data is to be completed by a certifying high school official.

COURSE 1:

High School Course Title	College Course Title
High School State Course Code Number (MIS03)	College Course # and Credits Course Number _____ Credits _____
Name of Attending High School	School Term Course is Taken (check one) ___ Fall ___ Winter ___ Spring ___ Summer
Mailing Address	School Year Course is Taken (example 2021-2022)
City, State, ZIP	

COURSE 2:

High School Course Title	College Course Title
High School State Course Code Number (MIS03)	College Course # and Credits Course Number _____ Credits _____
Name of Attending High School	School Term Course is Taken (check one) ___ Fall ___ Winter ___ Spring ___ Summer
Mailing Address	School Year Course is Taken (example 2021-2022)
City, State, ZIP	

Name of College/University Where Credit is Earned	
Complete Mailing Address (This is where the GRANT will be sent)	
Superintendent or Designee Name (please print)	Telephone Number (include area code)
Signature of Superintendent or Designee	Date Signed (mm/dd/yyyy)

FOR OFFICE USE ONLY

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