



**Higher Education Grant Program
Mandan, Hidatsa & Arikara Nation**

307 5th Ave.

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 15th for the academic year beginning fall term.
OCTOBER 15th 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.

HIGHER EDUCATION GRANT PROGRAM

THREE AFFILIATED TRIBES

Martha Hunter
Education Scholarship Officer

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NEW TOWN, ND 58763
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(888) 234-2384 FAX: (701) 627-2295

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 I, 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: _____