



MHA Education Grant Old Bill Application

The MHA Education Grant for Old Bill is intended for eligible stop-out students who have not attended school for one (1) semester/trimester/quarter and are not able to gain admission or register due to an outstanding bill, may receive a **one-time grant up to \$4,500** to pay an outstanding debt.

ELIGIBILITY:

- Enrolled member of the Three Affiliated Tribes
- Open to students who are attempting to apply at an accredited college or university but are unable to due to outstanding educational debt.
- Students cannot receive funding under Old Bill if they were already awarded a grant through College & Beyond in the semester in which they are seeking assistance.

AWARD AMOUNT:

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

APPLICATION PROCEDURE:

Incomplete Applications will not be considered. No exceptions.

- Complete **Student Information** (p. 2)
- Complete the top portion of the **Financial Debt Verification Form** (p. 3). Have a certifying official from the institution where the debt is held complete the bottom portion of the Financial Debt Verification Form.
- Complete **FERPA Release Authorization** (p. 4)
- Attach a current official **billing statement** from the institution of higher education to your complete application (pp. 2-4)
- Attach **documentation showing inability to register** due to outstanding debt
- Scan and email all documents identified above in PDF format to MHA Education Grant staff

DEADLINES:

SEMESTER	Opens	Closes
Fall	July 15	Oct. 15
Spring	Nov. 15	Feb. 15
Summer	April 15	June 15

TRIMESTER	Opens	Closes
Fall	July 15	Oct. 15
Spring	Nov. 15	Feb. 15
Summer	April 15	June 15

QUARTER	Opens	Closes
Fall	July 15	Oct. 15
Winter	Nov. 15	Feb. 15
Spring	May 15	July 15
Summer	June 15	Sept. 15

SUBMIT COMPLETED APPLICATION TO:

Email: Kayla Rhone and/or Shannon Vivier

Mail: MHA Education Grant Program
840 43rd Avenue, 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

SEMESTER ATTENDING: (please select one)

Semester: Fall 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

STUDENT ID NUMBER

301U -
TRIBAL ENROLLMENT NUMBER

LAST NAME

FIRST NAME

MIDDLE NAME

CURRENT ADDRESS: STREET/PO BOX

CITY

STATE

ZIP CODE

RELIABLE CONTACT NUMBER

DATE OF BIRTH:

SEX: MALE FEMALE

EMAIL ADDRESS

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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Financial Debt Verification Form

STUDENT INFORMATION AND RELEASE: This section is to be completed by the applicant.

Student Name: _____

Address: _____ Phone # _____

I authorize my college financial aid office to release all budget and financial aid data required for the purposes of determining eligibility for the MHA Education Grant.

STUDENT SIGNATURE

STUDENT ID

DATE

Student signature required

The following data is to be completed by a **financial aid officer** at the institution where the applicant has a debt.

By signing this document, the certifying official is verifying that the applicant (identified above) has a debt at an institution of higher learning which prevents the applicant from enrolling in future classes.

First and last name of Certifying Official (please print): _____

Title of Certifying Official (please print): _____

Email of Certifying Official (please print): _____

Debt amount (official invoice from the institution must match this field): \$ _____

Please return this form to the MHA Education Grant Staff
By email: krhone@mhanation.com and/or svivier@mhanation.com
By mail: MHA Education Grant Program
840 43rd Avenue NE, Suite 202
Bismarck, ND 58503

SIGNATURE OF CERTIFYING OFFICIAL: _____ DATE: _____

Please identify below the location applicant's award should be mailed.

MAIL CHECK TO:

NAME OF INSTITUTION: _____ 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 _____

If a parent, mentor, or friend will be calling our office on your behalf, please list their name below. If their name is not listed here, we will not speak to them in accordance with the FERPA law identified above.

Other:

Name Relationship to Student

Name Relationship to Student

Name Relationship to Student

X _____
Student's name (PRINT) Student's signature (SIGN) Date