



BIG SANDY RANCHERIA

Scholarship Check List

Completed Application

Class Schedule and Fees

**Grades (transcripts) or
Certificate of Completion
(if received funding from
previous school year)**

For office use only

Approved

Denied

Date: _____

**Big Sandy Rancheria
Higher Education Grant Application**

All information requested is voluntary, however, failure to fully complete all applicable parts may result in delays in processing this application or make it difficult to process at all.

Name: _____ Social Security No.: _____
Address: _____ Telephone: _____
Date of Birth: _____ Sex: M/F Marital Status: _____ Single _____ Married _____ Divorced
No. of Dependents: _____ Veteran Y/N State of Residency: _____
Tribal Affiliation: _____ Enrollment Number: _____

Home Agency & Address: _____

Name and Address of BIA Agency of Tribal High School: _____

Type of High School: _____ BIA _____ Tribal _____ Public Graduation Date _____

GED Certificate : Y/N _____ Date of GED APPLICATION REQUEST FOR ACADEMIC YEAR 20____

Academic Year: _____ Spring _____ Fall _____ Quarter Basis Full Time _____

NAME AND ADDRESS OF COLLEGE OR UNIVERSITY SELECTED: _____ Part Time _____

COLLEGE MAJOR: _____ EXPECTED GRADUATION DATE: _____

EXPECTED DEGREE: _____ AA _____ BA _____ BS _____ OTHER _____

YEAR IN COLLEGE: _____ Freshman _____ Sophomore _____ Junior _____ Senior

I will live: On campus _____ Off campus _____ With Parents _____

HAVE YOU RECEIVED A BIA GRANT BEFORE? Y/N IF YES, WHEN _____

NUMBER OF SEMESTER HOURS _____ EARNED _____ CREDIT HOURS _____

STATEMENT OF EDUCATION PURPOSE: *I declare that I will use any funds I receive under the **BIG SANDY RANCHERIA** (BSR) Higher Education Grant Program solely for expenses connected with attendance at:* _____



PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974. Although furnishing personal information to this office is voluntary; failure to supply complete and accurate information may preclude the applicant from eligibility for assistance under this program.

This information is being collected to determine eligibility of individuals applying for services. This information will be used to produce statistical records required of the Office of Indian Education Programs. Response to this request is required to obtain a benefit.

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 necessary agencies to complete my financial aid package. I request any BSR grant awarded be mailed to the financial aid office in care of myself. I will provide a copy of my grades or transcripts to the BSR Higher Education Office at the end of each term.

Student Signature _____ Date _____

**Big Sandy Rancheria
Financial Needs Analysis**
(To be completed by College/Institute)

Part A.-Identification Information

Date: _____

Student's Name _____ Social Security No.: _____

Current Address: _____ Telephone: _____

Student is residing at: _____ Home _____ Renting _____ Sharing/paying rent _____ Other _____

Marital Status: _____ Single _____ Married _____ Divorced _____ No. of Dependents: _____

Part B.-To be Completed by Financial Aid Officer

The above student has applied for a BSR Vocational Training Grant. The student is required by Federal rules to apply for college-based aid, Pell Grants, state grants and all other funding sources that are available. Verified financial need information is needed through your office before the BIA can take action on this application. Thank you for your assistance.

Vocational Major: _____ Year in College _____

Applied for Pell Grant Y/N Student is considered: _____ Dependent _____ Independent _____

Academic Year: _____

Part C-Budget to be completed by Financial Aid Officer

		Original Request	Supplemental Request
Aid/Resources			
	Pell	\$ _____	\$ _____
	WS:	\$ _____	\$ _____
	GSL:	\$ _____	\$ _____
	Perkins Loan	\$ _____	\$ _____
	Cal Grant-C	\$ _____	\$ _____
	SEOG:	\$ _____	\$ _____
	EPO&S	\$ _____	\$ _____
	VA:	\$ _____	\$ _____
	BOGG:	\$ _____	\$ _____
	Personal:	\$ _____	\$ _____
	Family:	\$ _____	\$ _____
	Other:	\$ _____	\$ _____
	Recommended BSR:	\$ _____	\$ _____
Total Resources		\$ _____ - _____	\$ _____ - _____

Tuition/Fees	\$ _____
Room/Board	\$ _____
Books/Supplies	\$ _____
Transportation	\$ _____
Personal Child Care	\$ _____
Other*	\$ _____
Total expenses	\$ _____ - _____

*Other
(Complete this part only if student is attending a school other than a college; such as a truck driving school, etc.)

I certify the above information to be in accordance with the established rules and regulations for determining financial needs and resources as required by existing Federal Manuals and the institution administering Federal and State Financial Aid Programs

College Name _____ Phone Number _____

Address _____
Address City/State Zip

Print Name of Financial Aid Officer

Signature

Date



BIG SANDY RANCHERIA

Scholarship Responsibility Statement

I, _____ reside at
First MI Last

Street Address City Zip

Upon receiving scholarship funds I understand I will be required to submit grades or certificate of completion. If I do not comply with all requirements future funding may be denied.

Applicant's Signature Date