



State of Wisconsin Higher Educational Aids Board

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WISCONSIN INDIAN STUDENT ASSISTANCE GRANT

Academic Year _____

Part I (Completed by Student)

Name and Address: _____ Maiden Name _____ Social Security # _____ Date of Birth _____
_____ (_____) Marital Status: single married separated divorced

High School Name _____ Telephone # _____
High School Type: public private BIA

Address _____ High School Graduation/GED Date: _____

Name & Address of Postsecondary School you Plan to Attend: _____ Previous Colleges Attended & Dates: _____

Father's Name _____ Mother's Maiden Name _____
Tribe/Reservation _____ Tribe/Reservation _____
Address _____ Address _____

STUDENT STATEMENT (IMPORTANT - READ CAREFULLY)

I declare that the information given by me on this form is true, correct and complete to the best of my knowledge. If granted assistance, I will use it only for educational expenses and purposes. I agree that this information may be shared between the Bureau of Indian Affairs, Tribe, State and the school. I further agree that I will apply for any financial aid available to me. I request the Office of Student Financial Aid to notify the BIA, State, and Tribe of my financial need and authorize any school I am attending to release a copy of my grade transcript to the BIA, State and Tribe at the end of each academic term. I request that any Bureau scholarship funds be mailed to me in care of the Office of Student Financial Aid or Business Office at the school I attend.

Student/Applicant Signature _____ Date _____

PART II (Completed by Tribal/BIA Office)

I hereby certify that the above named applicant is _____ degree _____ Indian blood according to available records. (Name of Tribe)

Certifying Official Signature _____ Date _____

Name & Address of Tribal Education Office: _____
FAX Number _____

EXCEPTION STATEMENT

This is to certify that the above-named person, who has been unable to be certified as having at least one-quarter Indian blood by an appropriate Indian agency:

- Will be recognized as a member of the _____ Tribe for the purpose of the State of Wisconsin Indian Assistance Program.
- Has a combination of blood degrees totaling one-quarter but is unable to be certified as a member of any tribe. Complete certification below.

Degree	Tribe	Certifying Official Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Degree of Indian Blood _____

Part III (Completed by Office of Student Financial Aid)

School Name _____	Budget Period: _____ to _____	<input type="checkbox"/> New Student
Address _____	Expected Degree: <input type="checkbox"/> AA <input type="checkbox"/> BA/BS <input type="checkbox"/> MA/MS <input type="checkbox"/> Other _____	<input type="checkbox"/> Continuing Student
	Expected Graduation Date _____	
Year in School: _____	Status: <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> special	
Living: <input type="checkbox"/> on campus <input type="checkbox"/> off campus <input type="checkbox"/> with parents	Major _____	Minor _____

Approved Student Budget:

Tuition & Fees	\$ _____
Books & Supplies	_____
Room & Board	_____
Personal Expenses	_____
Transportation	_____
Other _____	_____
_____	_____
_____	_____

Anticipated Student Resources:

Student Contribution	\$ _____
Parent Contribution	_____
Veteran's Benefit	_____
Social Security	_____
Vocational Rehab.	_____
General Assist./TANF	_____
Other _____	_____
_____	_____
_____	_____

Awards:

Pell Grant	\$ _____
Suppl. Ed. Opportunity Grant	_____
WHEG or WI Tuition Grant	_____
TIP Grant	_____
Minority Grant	_____
Federal Work Study	_____
Perkins Loan	_____
Subsidized Stafford Loan	_____
Other _____	_____
_____	_____
_____	_____

TOTAL BUDGET \$ _____

TOTAL RESOURCES \$ _____

Recommended WI Indian Grant _____

Recommended Tribal/BIA Grant _____

(Tribal/BIA \$ _____ for _____ terms)

ASSESSED NEED (Total Budget less Total Resources) = \$ _____

TOTAL AWARDS = \$ _____

Signature of Financial Aid Officer Date () Phone #

Wisconsin Indian Grant Instructions

This is a need-based grant available to Wisconsin residents who are attending a Wisconsin school of higher education. You must have one-quarter degree of Native American blood or be an enrolled member of a federally recognized tribe. The grant has a maximum of 10 semester awards.

- **Student:** Complete Part I, sign and forward to your Tribal Education/Enrollment Office.
- **Tribal Education/Enrollment Office:** Complete and sign Part II to certify the degree of Native American blood. Certification is required only once; subsequent grant applications do not require certification.
 - If the blood degree is less than one-quarter, review and sign the exception statement as appropriate.
 - The BIA may certify applicants with a combination of blood degrees totaling one-quarter who are unable to be certified as a member of any tribe due to minimal degrees.
 - Mail this application to the postsecondary school the student plans to attend.
- **Financial Aid Office:** Complete Part III, sign, and mail or fax to:
 - Wisconsin Higher Educational Aids Board
 - P. O. Box 7885
 - Madison, WI 53707-7885
 - Fax: (608) 267-2808
 - Also mail or fax a copy to the Tribal Education Office.

If you have any questions, please contact Sandy Thomas: (608) 266-0888 -or- email: Sandy.Thomas@wisconsin.gov