



MANDAN, HIDATSA, & ARIKARA NATION

Three Affiliated Tribes • 107 West Main Avenue, Suite 200 • Bismarck, ND 58501
701.751.2929 phone • 701.751.2933 fax

EDUCATION GRANT: College & Beyond Application

Applicants may be eligible to receive the following: up to \$3,500.00 per FALL/SPRING Semesters, up to \$2,000.00 per Summer Semester, up to \$7,000.00 per academic year (full/part-Time Students)

ALL DOCUMENTS REQUIRED BEFORE APPLICATION PROCESSED*NO EXCEPTIONS

- 1) **New Students must provide:** Acceptance Letters, Class Schedule, Financial Needs Analysis (Unmet Need).
 - 2) **Continuing Students must provide:** Transcripts (Must Maintain 2.0 GPA per semester), Class schedule, Financial Needs Analysis (Unmet Need).
 - 3) **Returning Students having sat out 1 or more semesters must provide:** Acceptance Letters, Class Schedule, Financial Needs Analysis (Unmet Need).
 - 4) **Returning Students having sat out 1 or more semesters due to outstanding educational debt must provide:** official billing statement from institution of higher education and most recent grade report from last school attended (Minimum 2.0 GPA).
 - 5) **If applying due to Special Circumstances students must provide:** Transcripts (Must Maintain 2.0 GPA per semester), class schedule, and letter explaining your special circumstances.
 - 6) GRANTS will be addressed and mailed directly to the College and/or Educational Institution. **NO EXCEPTIONS.**
- The Educational Grant must be the last option for funding. The Grant funds UNMET NEED (the balance of the semester's Cost of Attendance AFTER all other funding sources have been exhausted).

SEMESTER/QUARTER ATTENDING: FALL SPRING SUMMER ACADEMIC YEAR: _____

STUDENT ID NUMBER: _____ ***Please Do Not Leave Blank*** SEGMENT _____

LAST NAME FIRST NAME MIDDLE NAME TRIBAL ENROLLMENT NUMBER

CURRENT ADDRESS: STREET/PO BOX CITY STATE ZIP CODE

DATE OF BIRTH: _____ SEX: MALE FEMALE

RELIABLE CONTACT NUMBER _____

EMAIL ADDRESS _____

DEGREE(CHECK 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 Grants & Donations 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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Needs Analysis Form

STUDENT INFORMATION AND RELEASE

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 Three Affiliated Tribes Education Grant.

STUDENT SIGNATURE _____

STUDENT ID _____

DATE _____

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

CERTIFICATION OF ADMISSION - FINANCIAL AID OFFICE (DO NOT LEAVE THE FOLLOWING QUESTION UNANSWERED)

As of today, is this student considered to be accepted for enrollment at your college or university for the academic year?
YES / NO (circle one)

	FALL	SPRING	SUMMER
COST OF ATTENDANCE			
Tuition			
Fees			
Room & Board			
Books			
Transportations			
Miscellaneous Living Expenses			
TOTAL RESOURCES	\$	\$	\$
BIA Scholarships & Grants			
Tribal Grant			
FSEOG			
Pell Grant			
ND State Grant			
ND Academic or CTE Scholarship			
Loans:Direct/Perkins/Alternative			
Veterans Benefit			
Social Security Benefits			
Federal Work Study/CWS			
*Parent Contribution (EFC)			
*Student Contribution (EFC)			
Other/Institution/Private Sources			
TOTAL	\$	\$	\$
FINANCIAL NEED (COA-RESOURCES)	\$	\$	\$

SIGNATURE/TITLE OF CERTIFYING OFFICIAL: _____ DATE: _____

NAME OF INSTITUTION: _____ PHONE: _____

INSTITUTION ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

FOR OFFICE USE ONLY

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