

STANDING ROCK TRIBAL DEPARTMENT OF EDUCATION SCHOLARSHIP PROGRAM

The Standing Rock Sioux Tribe's Scholarship Program assists with financial aid for eligible enrolled members of the Standing Rock Sioux Tribe seeking certificates, associate & bachelor degrees, and graduate degrees to pursue individual careers and to contribute to the advancement of the Standing Rock Sioux Tribe.

ELIGIBILITY:

- Enrolled Member of the Standing Rock Sioux Tribe
- Accepted into an Accredited College/University/Vocational Training Program
- UNDERGRADUATE: Earned a High School Diploma or General Equivalency Diploma
- UNDERGRADUATE: Earned a cumulative 2.0 GPA
- GRADUATE: Earned a Bachelor's or Master's Degree
- GRADUATE: Earned a 2.5 GPA in most recently attended college/university

AWARD AMOUNT:

- UNDERGRADUATE: Based on Need - Not To Exceed \$3,500 Per Semester or \$2,333 Per Quarter
- GRADUATE: Tuition up to \$500 Per Semester Credit Hour or \$335 Per Quarter Hour and,
 - Book Reimbursement up to \$500 per Semester or \$335 Per Quarter

APPLICATION PROCEDURE:

- Complete and submit Application Form
- Complete and submit a typed Essay/Personal Goal Statement.
 - ALL APPLICANTS – The Essay/Personal Goal Statement should include information on the following: Academic Background; Employment and Non-Academic Experiences; Significant Accomplishments; How the degree/certificate being sought will contribute to your Career Goals/Long Term Goals.
 - GRADUATE APPLICANTS ONLY – How will Graduate School contribute to the advancement of the Standing Rock Sioux Tribe?
- FIRST TIME FRESHMAN: Provide Official High School transcript or General Equivalency Diploma
- Provide Official Transcript(s) from **ALL** Post-Secondary Institutions Attended
- Provide a Financial Needs Analysis
- Provide a Copy of Certificate of Degree of Indian Blood (CDIB)
- Provide a Copy of Letter of Acceptance from College/University of Attendance
- Provide three (3) Letters of Recommendation – These letters should describe your abilities, your preparation for post-secondary education, and your commitment to obtain a degree or certificate.
- UNDERGRADUATE: Provide a copy of Degree Plan/Program of Study.
- GRADUATE: Provide a copy of Degree Plan/Program of Study that includes a graduation date and complete listing of all courses to be completed (Name of Course, Course Number, Number of Credits, and Term Course will be taken.)

PRIORITY SUBMISSION DATES:

- UNDERGRADUATE
 - SEMESTER BASED: Fall Term - June 30th, Spring Term - November 30th, Summer Term - April 30th
 - QUARTER BASED: Fall Term - September 1st, Winter Term - December 1st, Spring Term - March 1st, Summer Term - June 1st
 - CERTIFICATE: Thirty (30) days prior to the beginning of the first term of Program
- GRADUATE – Four (4) to Six (6) weeks prior to the beginning of the first term of Program

SUBMIT COMPLETED APPLICATION TO:

Standing Rock Tribal Department of Education
PO Box D
Fort Yates, ND 58538

ADDITIONAL INFORMATION:

Director Ph: (701)-854-7525 or 8545
Email: ejblueearth@standingrock.org
Scholarship Manager Ph: (701)-854-8545 or 8546
Email: cironeyes@standingrock.org

STANDING ROCK TRIBAL DEPARTMENT OF EDUCATION SCHOLARSHIP APPLICATION

CERTIFICATE

 UNDERGRADUATE – SEMESTER BASED

 GRADUATE
 UNDERGRADUATE – QUARTER BASED

Last Name, _____ First Name, _____ (Other Names) _____ Date of Birth _____ Sex M F

Other Names Used _____ Email Address* *Applicants will be contacted primarily by email.* _____

Home Phone _____ Cell Phone _____ Tribal Enrollment No. _____ Social Security No. _____

Permanent Mailing Address _____ City, State, Zip Code _____

Present or Most Recent Employer _____ Position _____ Dates of Employment _____

ACADEMIC RECORD

_____ Date of High School or General Equivalency Diploma _____
 Name and Address of High School Attended, _____
 or State where General Equivalency Diploma was Received _____

Colleges Attended:

| College Attended | Degree Earned | Dates of Attendance | Date of Degree Earned |
|------------------|---------------|---------------------|-----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

DEGREE PLAN

Current College _____ Address _____ City, State, Zip Code _____
 Degree Being Sought _____ Major/Area of Specialization _____ Date of Acceptance Letter _____
 Anticipated Graduation Date _____ Academic Year Application is Being Made _____

Have You Ever Received Funding Through the Tribal Scholarship Program?
 NO
 YES,
 Dates of funding: _____

Other Financial Aid Being Provided to You: _____

 Name of Aid (Scholarship) _____ Amount _____

I have reviewed this information and certify that everything above is correct, to the best of my knowledge

Signature of Student: _____ **Date:** _____

Standing Rock Scholarship Budget

Applicant will complete only Sections 1A and 1B. The student will then submit the form to the financial aid office at the school they will attend. The financial aid office will complete the remainder of the form (Section 1C, Section 2 and Section 3) and return it to the Standing Rock Tribal Department of Education at the provided address.

| | | | | | | | | | |
|------------------|---|--|--------|------------------------|---|--|-------------------------------------|------------------------------------|--|
| Section 1 | Name and Address of Student: _____ _____ _____ _____ Social Security # _____ Student ID # _____ Year in College _____ Degree/Major _____ | Name and Address of College: _____ _____ _____ _____ _____ | | | | | | | |
| | Section 1A Section 1B Section 1C | If budget cannot be completed, please indicate reason: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50px; border: 1px solid black;"> </td> <td style="border: 1px solid black;">Did not complete FAFSA</td> </tr> <tr> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;">Must verify information on FAFSA</td> </tr> <tr> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;">Not eligible for Pell due to _____</td> </tr> <tr> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;">Other _____</td> </tr> </table> | | Did not complete FAFSA | | Must verify information on FAFSA | | Not eligible for Pell due to _____ | |
| | Did not complete FAFSA | | | | | | | | |
| | Must verify information on FAFSA | | | | | | | | |
| | Not eligible for Pell due to _____ | | | | | | | | |
| | Other _____ | | | | | | | | |
| Section 2 | BUDGET FOR ACADEMIC YEAR | | | | Costs paid directly to school: | | | | |
| | Expenses | Fall | Winter | Spring | Summer | Total | Tuition | | |
| | | | | | | | Fees (additional charges may apply) | | |
| | | | | | | | Books and Supplies | | |
| | | | | | | Housing/Dorm Fees | | | |
| | | | | | | Costs student is responsible for: | | | |
| Resources | | | | | | Transportation to College | | | |
| | | | | | | Rent Expense | | | |
| | | | | | | Food Expense | | | |
| | | | | | | Personal Expenses | | | |
| | | | | | | Dependent Care (Must Document Need) | | | |
| Need | | | | | | Other _____ | | | |
| | | | | | | TOTAL Budget for Student during School Year | | | |
| | | | | | | Student Resources | | | |
| | | | | | | Effective Family Contribution | | | |
| | | | | | | Federal Pell Grant | | | |
| Need | | | | | | SRST Scholarship | | | |
| | | | | | | Campus based scholarship | | | |
| | | | | | | SEOG | | | |
| | | | | | | Tuition Waiver | | | |
| | | | | | | State Scholarship | | | |
| Section 3 | Printed Name and Title of Person completing this form: _____ | | | | Address where scholarship award should be sent: | | | | |
| | Signature _____ | | | | _____ | | | | |
| Date _____ | | | | _____ | | | | | |

Please return completed form to: Standing Rock Tribal Department of Education, PO Box D, Fort Yates ND 58538 or
 FAX 701-854-2175 or via email to cironeyes@standingrock.org

**STANDING ROCK TRIBAL DEPARTMENT OF EDUCATION
SCHOLARSHIP PROGRAM**

RELEASE OF INFORMATION

STANDING ROCK TRIBAL DEPARTMENT OF EDUCATION
SCHOLARSHIP PROGRAM
PO Box D
Fort Yates ND 58538
(701)854-8545

During the academic terms that I am a recipient of financial aid from the Standing Rock Scholarship Program, I authorize the release of information relevant to my attendance at:

Name and Address of Attending Institution _____

Please initial:

_____ Any information pertinent to my academic performance, including but not limited to: grade reports or official transcripts; attendance records; and document related to my utilization of campus resources for academic assistance.

_____ Any information pertinent to my financial aid status with the school, including but not limited to: amount of federal student aid I qualified for; financial aid status; and other financial aid that I have been awarded.

My signature on this form authorizes the Standing Rock Tribal Department of Education to obtain the aforementioned information.

Print Name: _____

Signature: _____

Social Security Number: _____ Date: _____