



**LOWER BRULE SIOUX TRIBE  
HIGHER EDUCATION GRANT PROGRAM  
PO BOX 187**

**Lower Brule, SD 57548**

**Phone (605)473-5561 EXT. 48121 Fax (605)473-5606**

*"Education is the most  
powerful weapon which you  
can use to change the world."  
-Nelson Mandela*

The Lower Brule Sioux Tribal Higher Education Grant is available to students who are enrolled members of the Lower Brule Sioux Tribe or can prove that they are one-quarter degree Lower Brule Sioux. Priority funding will be given in the following order: students living on or near the Lower Brule reservation, SD residents, out of state residents. The program is supplemental and it is mandatory that the student does apply for the PELL/FASFA grant, plus any other aid that you may be entitled to. The maximum amount of the grant is based on the Tribal Priority Allocations (TPA) and could vary from year to year. The current amount is \$3,000 per school year for all full time students. The student's need is then determined by their college or university financial aid office (FAO) providing the SAR (Student Aid Report) from the PELL grant is on file. The student must enroll as a full time student (12 credit hours) in an accredited college or university and maintain and maintain a 2.00 grade point average (GPA). Any student failing to meet this requirement will be placed on financial aid probation for the following semester or quarter and if satisfactory progress is not met by the end of this period the student will be on suspension from Tribal funding. Students with a completed file by the required dates (see Grant Requirements) will be given priority. Awards will be based on unmet need, the Student Aid Report, and amount of funds available.

### **Appeals Process**

If for some legitimate reason the student does not agree with the final decision concerning their financial aid an appeals letter can be written to the Lower Brule Sioux Tribal Council.

### **Administration of Grants**

When the student has a completed file and meets all requirements, the Scholarship Officer submits a payment request voucher to Tribal Finance. The check is made out to the student and the college or university and sent directly to the FAO. The Financial Aid Director applies this amount to the student's educational costs and if there is any left the Financial Aid Director administers it to the student according to their guidelines. The turnaround time for this procedure is approximately two to four weeks. Therefore, it is advised that **ALL** deadline dates be met for funding consideration.

The same procedure is followed each year and the student **must apply for the PELL/FASFA grant and submit a new application by July 15 for the Fall semester/quarter, November 1 for Winter quarter, November 30 for Spring Semester** and January 15 for Spring quarter.

The student must submit to this office an **official transcript for each semester/year. This is mandatory for all future funding!**

**Transportation to and from the institution is the student's responsibility.**

**Associate of Applied Science Applicants:** If you are enrolling in a vocational education or technical school; you must apply for the AVT grant or submit a letter to this office verifying: 1) Accreditation; 2) Transferability of credits to a four-year institution.

**Summer School Applicants:** May be awarded to those seniors needing **9** credit hours or less to graduate. Students must submit an **Application** and a **Letter of Justification** from an academic advisor or another staff person directly involved with the student's progress. This is necessary due to limited funding. Summer funding is based on availability.

**Lower Brule Community College Students:** The Lower Brule Tribal Scholarship funds will be used to fund full time students attending LBCC. Anything over twelve credit hours will be considered full-time.

The balance of these Tribal funds will be used as Incentives based on the following criteria:

<b><u>Grade Point Average</u></b>	<b><u>Amount of Incentive</u></b>
4.00-4.00 @ 12 CH	\$200
3.99-3.51 @ 12 CH	\$150
3.50-3.00 @ 12 CH	\$100

This will be awarded to the student at the end of each semester based on 12 or more credit hours. If an institution is on the quarter system, then only the 1<sup>st</sup> and 3<sup>rd</sup> quarters will be awarded. To receive the Incentive award, students must have an **official grade report (grades submitted from the Internet will not be accepted)** in this office by the following deadline dates:

<b><u>Semester/Quarter</u></b>	<b><u>Deadline Date</u></b>
Fall Semester/Quarter	January 15
Spring Semester/Quarter	June 1
Winter Quarter	March 15

### **Graduate Program**

\$6,000 is taken from the Higher Education Infrastructure money each year to fund three graduate students at \$2,000 each for a maximum of two years.

### **Application Process**

1. Complete the Higher Education Grant Application
2. Letter of Application from the student stating what the student will be pursuing, what institution, completion date, other funding sources, how you are going to use your degree.
3. Letter of Acceptance
4. Financial Needs Analysis Form
5. Proof of Lower Brule Tribal enrollment
6. Class schedule (**official**) in a master's program (nine credit hours = full time).

## Lower Brule Sioux Tribe Higher Education Grant Required Documents

To receive consideration for a Higher Education grant, you must turn in a **COMPLETE FILE** by the deadline dates listed below. **\*\*Please Note the different deadlines depending on whether the College/University operates on a Semester or Quarter\*\***

<b>Semester/Quarter</b>	<b>Deadline Date</b>
Fall Semester/Quarter	July 15
Winter Quarter	November 1
Spring Semester	November 30
Spring Quarter	January 15
Summer Session	*Current Seniors Only

**The following documents are required to complete your application file:**

- 1. Application for Federal Student Aid (PELL/FASFA).** This must be done even if you are not eligible for a PELL grant.
- 2. A completed HIGHER EDUCATION GRANT APPLICATION FORM.** *Faxed or computer reproduced copies will not be accepted.*
- 3. A Certificate of Degree of Indian Blood** certifying that the applicant is a member of the Lower Brule Sioux Tribe (new applicants only).
- 4. A Letter of Acceptance** from an eligible institution. (New students, transfers and previously suspended students only).
- 5. A High School Transcript or GED.** High School students must also submit a transcript of any completed college course work. (New applicants only).
- 6. Updated College Transcript** from the previous year/term of attendance. This is *mandatory* for continued funding. The student must send an official copy directly to this office. Continuing and returning students must have these in by the following deadlines:

**Spring Semester/Quarter:** June 1

**Winter Quarter:** March 15

**Fall Semester/Quarter:** January 15

- 7. Financial Aid Needs Analysis Form.** This is prepared and certified by the college Financial Aid Officer indicating the student's unmet need. This is required even if you don't qualify for a PELL/FASFA grant. **It is the student's responsibility to get the form to their college of choice.**
- 8. Class Schedule** (12 credit hours=full time). An official copy must be sent to this office. Part time students (6-11 credit hours) are not eligible for funding.

**LBST HIGHER EDUCATION GRANT PROGRAM**  
**Tribal Administration Building Office #106**  
**PO BOX 187**  
**Lower Brule SD 57548**  
**Phone (605)473-5561 Fax (605)473-5606**

**Checklist of Required Documents Needed for Higher Education Application**

To receive consideration for a Higher Education grant, you must turn in a **complete file** by the deadline dates shown below:

<u>Semester/Quarter</u>	<u>Deadline Date</u>
Falls Semester/Quarter	July 15
Winter Quarter	November 1
Spring Semester	November 30
Spring Quarter	January 15

1. \_\_\_ Application for Lower Brule Higher Education Grant (HE).
2. \_\_\_ Verification of enrollment from the Lower Brule Sioux Tribe with a Degree of Indian Blood.
3. \_\_\_ Copy of your high school transcript or GED certificate.
4. \_\_\_ Acceptance letter from an institution of higher education.
5. \_\_\_ Copy of completed Student Aid Report (SAR-PELL/FASFA)
6. \_\_\_ Signed Financial Needs Analysis form. **This must be sent to the institution you are attending.** (Attached)
7. \_\_\_ Signed Privacy Act Statement (Attached)
8. \_\_\_ \*Semester/quarter grades (continuing, transfer and previously suspended students only)
9. \_\_\_ \*\*Class schedule for upcoming semester/quarter
10. \_\_\_ Other

\*Grades must be in by:

Fall Semester/Quarter: January 15      Spring Semester/Quarter: June 1      Winter Quarter: March 15

\*\*Class schedules must be in within 2 weeks of starting your semester/quarter.

Date Application Rec'd: \_\_\_\_\_

By: \_\_\_\_\_

Please check funding you are applying for:

- Higher Ed. Grant
- Graduate Assistance Program

# Lower Brule Sioux Tribe Higher Education Grant Application

Return to:

LBST Higher Education  
P.O. Box 187  
Lower Brule, SD 57548  
(605)473-5561 ext. 48121  
Fax(605)473-5606 Attn: Higher Ed.

Academic Year: \_\_\_\_\_  
Please Circle the Semester(s) You are applying for:  
**Student must apply each academic year!**  
Fall Sem/Quarter      \*You must be Enrolled full time to be eligible  
Winter Quarter  
Spring Sem/Quarter  
Summer      New      Continuing

## Applicant Information

\_\_\_\_\_  
Last Name                      First Name                      MI Maiden                      email                      SSN

\_\_\_\_\_  
Current Address                      City                      State/ Zip                      Telephone

<input type="checkbox"/> Male <input type="checkbox"/> Female    DOB _____ <input type="checkbox"/> Single Parent (with dependents) <input type="checkbox"/> Married No. of Dependents (including self) _____ <input type="checkbox"/> Single (with no dependents)	Have you received LB Higher Ed funding before? _____ If yes, what kind and what year? _____ <b>First time applicants must submit Tribal Enrollment documents or proof of 1/2 degree LB Sioux</b> Tribal Enrollment No. _____
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## Secondary Institutional Information

\_\_\_\_\_  
Name/ Address of High School/ GED Center                      Graduation/ GED Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## College/ University Information

College/ University you wish to attend:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Circle One:  New Student     Continuing Student     Transfer Student     Community College     4 Year College/ University  
 1 Year Certificate Degree  
 2 Year College     Grad School

**Circle the Following**

**Academic Level:**    1-32 Hrs.                      33-64 Hrs.                      98-128 Hrs.                      129-161 Hrs.

Year In College:    **Freshman**                      **Sophomore**                      **Junior**                      **Senior**                      **Senior in a 5 Year Program**

Field of Study: \_\_\_\_\_                      Type of Degree you plan to Receive:

Date Classes Begin: \_\_\_\_\_

<input type="checkbox"/> A.A.	<input type="checkbox"/> A.S.	<input type="checkbox"/> Certificate
<input type="checkbox"/> B.A.	<input type="checkbox"/> B.S.	<input type="checkbox"/> Masters

## Statement of Certification and Consent to Release Information

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 that any grant awarded me be mailed to me in care of the financial aid officer of the institution. I declare that I will use any funds I receive under the LBST Higher Education Grant Program solely for educational expenses at the given college/university/vocational school. I understand that it is my responsibility to provide a copy of my grades to the LBST Post Secondary Education Office at the end of each semester/quarter for continued funding.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**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 to this office may preclude the applicant from eligibility for assistance under this program.

This information is being collected to determine eligibility of the individual applying for services. This information will be used to produce statistical records for the Post- Secondary Education Programs. Responses to this request are required to obtain a benefit.

I hereby certify that the information on the LBST Grant Application form and other required documents is true and correct to the best of my knowledge and I consent to the release of this information to necessary agencies to complete my financial aid package. I request that any Post-Secondary Education Grant assistance awarded me be mailed to the Financial Aid Office where I will be attending. I will provide a copy of my grades and/or transcripts to the Education Administration Office at the end of each academic term.

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

Date Rec'd: \_\_\_\_\_  
 By: \_\_\_\_\_  
*Office use only*

## FINANCIAL AID NEEDS ANALYSIS

### Release of Information Authorized to:

Lower Brule Sioux Tribe  
 AVT/ Higher Education Program  
 P.O. Box 187  
 Lower Brule, SD 57548  
 Phone: 1-605-473-5561 Fax: 1-605-473-5606

**TO BE COMPLETED BY THE APPLICANT**  
**Student must submit form to college of choice!**

New Student       Continuing Student

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
*Street/Box #, City, State, Zip*

School Year: \_\_\_\_\_ Credit Hours Completed: \_\_\_\_\_ Phone: \_\_\_\_\_

**TO BE COMPLETED BY STUDENT'S FINANCIAL AID ADMINISTRATOR**

The above named student has applied for a Lower Brule Post Secondary grant. Verified financial need information is needed by your office before we can take action on this application. Please complete and forward this form to the above address. Your assistance is greatly appreciated. Thank you!

Budget Period From: \_\_\_\_\_ To: \_\_\_\_\_ Beginning On: \_\_\_\_\_

**Resources:**

Parental Contribution \_\_\_\_\_  
 Student Contribution \_\_\_\_\_  
 Spouse Contribution \_\_\_\_\_  
 VA Benefits \_\_\_\_\_  
 SS Benefits \_\_\_\_\_  
 TANF \_\_\_\_\_  
 Loans \_\_\_\_\_  
 Other \_\_\_\_\_

PELL \_\_\_\_\_  
 CWS \_\_\_\_\_  
 NDSL \_\_\_\_\_  
 SEOG \_\_\_\_\_  
 Stafford \_\_\_\_\_  
 Perkins \_\_\_\_\_  
 Voc. Rehab \_\_\_\_\_

Total Resources \_\_\_\_\_

**Cost:**

Tuition \_\_\_\_\_  
 Fees \_\_\_\_\_  
 Books \_\_\_\_\_  
 Room \_\_\_\_\_  
 Board \_\_\_\_\_  
 Travel \_\_\_\_\_  
 Misc. \_\_\_\_\_

Total Cost \_\_\_\_\_

This applicant is not eligible for PELL due to: \_\_\_\_\_ **Unmet Need: \$** \_\_\_\_\_

This Student is: *Dependent*  *Independent*  *Full Time*  *Part Time*

Our Institution is on(check one): Semester \_\_\_\_\_ Quarter \_\_\_\_\_ Trimester \_\_\_\_\_ Other \_\_\_\_\_

**Name of Institution** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Signature of Financial Aid Officer** \_\_\_\_\_ **Email** \_\_\_\_\_ **Date** \_\_\_\_\_ **Phone** \_\_\_\_\_