Dear Student;

The RST Higher Education Program’s purpose is to serve eligible Sicangu people and provide opportunity to achieve their educational goals. This opportunity is provided as a privilege with the intent that tribal members will return to the Rosebud Reservation to apply their learning to the development of the Sicangu Oyate.

A completed application consists of the following:

- Application Form
- Certificate of Degree of Indian Blood
- College Letter of Acceptance or Open Door Policy
- College Transcript(s) or Official Grade Report
- Financial Needs Analysis Form from College Financial Aid Officer
- High School/GED Diploma (new students)

All documents must be submitted by the deadline date for the terms you are applying. Your file must be complete before review and awards are contingent upon academic progress, financial needs and availability of funds. Minimum requirements are 12 credit hours w/ 1.5 GPA for freshman students. You must have completed the FAFSA for the college to fill out your FNA Form. Students in financial default are not eligible for funding. We do not fund certificate programs. For vocational non-degree programs; contact the AVT Scholarship officer at Sinte Gleska University. Awards are based on funding priorities; awarded on a first come until funding is depleted for the term. You must submit a new application each funding year and maintain a GPA of 1.5-freshman; 2.00 sophomores; 2.5 for junior and seniors.

Funding priorities:

1. Continuing students
2. Reservation students beginning with seniors
3. In-State students beginning with seniors
4. Out of State students beginning with seniors

DEADLINE DATES

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<th>July 1</th>
<th>Academic Year (Fall, Winter and Spring Semesters, Quarters, Etc.)</th>
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<td>December 1</td>
<td>Spring Term Only (Spring semester, quarter, trimester)</td>
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HIGHER EDUCATION SCHOLARSHIP APPLICATION
RST Higher Education PO Box 40 Rosebud, SD  57570
(605) 747-2375
Email: rsthighered@gwtc.net
Fax (605) 747-5479

Application Request:  2021-2022  ___New  ___Renewal

Student Information

Email: _____________________ Phone: ____________________

Last Name  First Name  MI  Maiden

Address (Permanent)  City  State  Zip Code

Date of Birth  Student ID Number  Social Security Number  RST Enrollment Number

Sex  Marital Status  Number of Dependents

High School Information

Type: Tribal  Public  Private  GED

Name/Address of High School  Graduation Date

College Information

College Name/Address  College Major

Classification
___Freshman
___Sophomore
___Junior
___Senior

Degree
___Associate of Arts
___Bachelors
___Other

Request
___Fall
___Spring

Status
Full time/Part time
Full time/Part time

Have you completed the Free Application for Federal Student Aid (FAFSA)?  Yes_______  No_______
If no, please visit https://fafsa.ed.gov/ and complete as soon as possible.

Have you ever applied for this grant?  If so, when: ________________________________________________

Application deadlines dates:  July 1, 2021  December 1, 2021

*All requested information must be provided by deadline to be considered complete.

Statement of Certification and Consent for Release of 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 agree that any grant awarded to me be mailed to me in care of the financial aid office of the college/university. I will provide an official Grade Report or Transcript to the RST Higher Education Program at the end of each term. I declare that I will use any funds I receive under the RST Higher Education Office solely for the expenses connected with attendance at this college/university.

Signature of Student ___________________________  Date ______________________
**Financial Needs Analysis Form**

**2021-2022**

**Part I: To be completed by Student**

Students Full Name: ______________________________________________________________

Mailing Address: _____________________________________________________________

SSN __________________ Date of Birth __________________ Telephone___________________

I grant permission to: ____________________________________________ to release information as requested below to the RST Higher Education Program for scholarship eligibility.

Student Signature: ________________________________________________ Date: _______________________

**Part II: To be completed by Financial Aid Officer**

Budget Period: __________ to __________

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<th>School Expenses</th>
<th>Student Resources</th>
<th>Awards</th>
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<td>Fees</td>
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<td>Books/Supplies</td>
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<td>Room/Board</td>
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<td>Transportation</td>
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<td>Personal Expenses</td>
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<td>Misc. /Other</td>
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| Tuition               | Parent Contribution | Pell         |
| Fees                  |                     |              |
| Books/Supplies        | Student Contribution| GSL          |
| Room/Board            | Vocational Rehabilitation | SEOG |
| Transportation        | State Scholarship   | Work Study   |
| Personal Expenses     | State Indian Grant  | Stafford Sub |
| Childcare             | College Grants      | Stafford Unsub |
| Misc. /Other          | Other               |              |
|                      |                     |              |

Total Expenses: $_________  Total Resources: $_________  Total Awards: $_________

Unmet Need: $_________

**Classification:** Fr_____ Soph _____ Jr _____ Sr _____ Full Time _____ Part Time ______

**School System:** Semester _____ Quarter _____ Trimester _____ Other ________________________

Financial Aid Officer: __________________________ College/University: __________________________

Address __________________________

Telephone: ____________________ Fax: ____________________ Date ____________________

Email: __________________________