Sisseton-Wahpeton Oyate
Higher Education Program Guidelines

I. Application Process: (Higher Education **WILL NOT** process applications without all of the necessary information.)

A. All applicants must complete application and provide proof of:

- Verification of acceptance into an accredited college
- SWO Tribal Enrollment (unless already on file)
- Final grade report with name and student ID number

First time students will not need final grades until end of the semester/term

B. It is the student's responsibility to verify that all needed documentation is completed.

Note: Incomplete applications will be kept for 30 days if application is not complete within 30 days the application will be destroyed.

II. Benefit Amounts

A. Benefit amounts are based upon credit hours that are completed and passed during the current semester

B. Courses with grades "D", "F", "I", and "W" will not be considered. However, if a student retakes the course and receives a "C" or better, they will receive a benefit amount for it. (Please note: a student will not be paid twice for the same course). Will accept P&S grading scale, pay according to credits earned.

C. The benefit amount will be:
- $56.00 per credit hour for undergraduates
- $75.00 for graduate students

D. The quarter terms students will have 4 weeks from the date on the final grade report to receive the educational benefits for the eligible grades for that semester.

If you have any questions, concerning Higher Education please contact Janell Williams at (605) 742-0150 or email JanellB@swo-nsn.gov

Higher Education Program Application
Sisseton-Wahpeton Oyate
P.O. Box 509
Agency Village, SD 57262
Phone: (605) 742-0150
Fax: (605) 742-0140

Name: _____   **Phone:** _____
       Last   **First**   **MI**   **Maiden**

Address: _____   **SS#:** _____

DOB: _____**Sex (circle one):**   **Male**   **or**   **Female**

Marital Status (circle one):   **Single**   **Married**   **Separated**   **Divorced**

Tribal Enrollment #: _____   **District Affiliation:** _____

College Attending: _____   **School telephone #**_____

College Major: _____   **Expected Graduation Date:** _____

Expected Degree: ___ Certificate ___ Associate ____Bachelor ___ Master____ Doctorate

Currently: ____FR ____SO _____JR _____ SR _____ Grad _____

E-Mail Address: _____

_____ *I hereby certify that the above information is true and correct to the best of my knowledge and consent to the release of this information to necessary agencies. I request that any SWO Educational funding awarded me may be mailed to my home address. I will provide a copy of my official grade report, or transcripts, as requested by. I understand that failure to submit grade reports or transcripts will result in delay of any educational funding. I UNDERSTAND/AGREE that if at any time I submit any inaccurate information, I will no longer be eligible for the Higher Education Program. (*initials required)

_____ I understand the program may release limited information for the purpose of my educational acknowledgement. (Optional)

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

Return completed application to: SWO Higher Education Program
                                      Attn: Janell Williams
                                      PO Box 509
                                      Agency Village, SD 57262

Sisseton Wahpeton Oyate
Higher Education Program Application
Financial Aid Budget Form

To Be Completed By Student

Name: _____   SSN: _____

Address: _____

Year in College: _____   Major: _____

Marital Status: _____   No. of Dependents: _____

Monthly Expenses

Rent/Mortgage: $_____

Utilities: $_____

Heating/
Cooling: $_____

Vehicle Pmnt: $_____

Vehicle Ins. $_____

Child Care: $_____

Misc: $_____

Total Monthly Expenses: $_____

Cost of Attendance

Tuition: $_____

Fees: $_____

Books: $_____

Room/Board: $_____

Misc: $_____

Total: $ _____

Signature: _____ ___   Date: _____