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

Signature of Student: __________________________ Date: __________________________

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

-----------------------------------------------------------------------------------------------------------------------------

FOR OFFICE USE:

_____ Completed application received
_____ Verification of Tribal Enrollment
_____ Budget Form
_____ SR #

_____ Level of studies
_____ Letter of Acceptance
_____ District Affiliation

-----------------------------------------------------------------------------------------------------------------------------

*Signature of Student: __________________________ Date: __________________________

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

-----------------------------------------------------------------------------------------------------------------------------

FOR OFFICE USE:

_____ Completed application received
_____ Verification of Tribal Enrollment
_____ Budget Form
_____ SR #

_____ Level of studies
_____ Letter of Acceptance
_____ District Affiliation

-----------------------------------------------------------------------------------------------------------------------------
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: ________________

<table>
<thead>
<tr>
<th>Monthly Expenses</th>
<th>Cost of Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent/Mortgage: $__________</td>
<td>Tuition: $________</td>
</tr>
<tr>
<td>Utilities: $________</td>
<td>Fees: $__________</td>
</tr>
<tr>
<td>Heating/ Cooling: $______</td>
<td>Books: $__________</td>
</tr>
<tr>
<td>Vehicle Pmnt: $__________</td>
<td>Room/Board: $______</td>
</tr>
<tr>
<td>Vehicle Ins: $__________</td>
<td>Misc: $__________</td>
</tr>
<tr>
<td>Child Care: $___________</td>
<td></td>
</tr>
<tr>
<td>Misc: $_________</td>
<td></td>
</tr>
</tbody>
</table>

Total Monthly Expenses: $__________  Total: $ __________

Signature: ________________________________  Date: ________________