

MHA EDUCATION GRANT College & Beyond Application

The MHA Education Grant for College & Beyond was created to provide financial support for MHA enrolled members seeking Higher Education by supporting them in attaining Undergraduate, Graduate, and Professional Degrees as well as Certificates and Study Abroad opportunities. The MHA Education Grant is a need-based grant funded each semester/trimester/quarter.

ELIGIBILITY:

- Enrolled member of the Three Affiliated Tribes
- Accepted into an Accredited College/University/ Vocational Training Program
- Must maintain a minimum 2.0 cumulative GPA
 - Students who earn below a 2.0 GPA for one semester will be awarded half funding (up to \$3,500) for that semester.
 - Students who earn below a 2.0 GPA for two consecutive semesters or withdraw for two consecutive semesters will be ineligible for the MHA Education Grant until the student is able to raise their GPA to 2.0 or above.

AWARD AMOUNT:

Full-time applicants on a semester schedule may be eligible to receive the following: **up to \$7,000.00** per Fall/Spring Semesters and **up to \$2,500.00** per Summer Semester or **up to \$16,500** per academic year. The MHA Education Grant must be the last option for funding. The MHA Education Grant funds unmet need.

APPLICATION PROCEDURE

Incomplete Applications will not be considered. No exceptions.

- Applicants are required to apply **every** semester/trimester/quarter for which they are seeking funding.
- Applicants are required to complete their FAFSA for the academic year in which they are applying **before** applying to the MHA Education Grant.
- Applicants are required to provide a **complete** application (pp. 3-5) with all supporting documentation to MHA Education Grant staff prior to the term deadlines outlined below. Please see page 2 to determine the supporting documentation that is required for your unique application.
- It is preferred that applicants submit a complete application with all supporting documents at one time in **PDF format** via email to MHA Education Grant Staff.

DEADLINES:

SEMESTER	Opens	Closes
Fall	July 15	Oct. 15
Spring	Nov. 15	Feb. 15
Summer	April 15	June 15

TRIMESTER	Opens	Closes
Fall	July 15	Oct. 15
Spring	Nov. 15	Feb. 15
Summer	April 15	June 15

QUARTER	Opens	Closes
Fall	July 15	Oct. 15
Winter	Nov. 15	Feb. 15
Spring	May 15	July 15
Summer	June 15	Sept. 15

SUBMIT COMPLETED APPLICATION TO:

Email: Kayla Rhone and/or Shannon Vivier

Mail: Sage Coulee Outreach & Wellness

Attn: MHA Education Grant
1321 Elbowoods Lane
Bismarck, ND 58503

CONTACTS:

Grant Manager: Kayla Rhone

krhone@mhanation.com

Grant Assistant: Shannon Vivier

svivier@mhanation.com

Phone: (701) 751-2928



Student Checklist

Please select which category you fit into and provide all items identified under said category. This form is for the applicant's use only. This form need not be submitted with the student's application.

First-Time or New Students: A student who is entering college or vocational school for the first time and has never previously attended.

- Complete Student Information (p. 3)
- Complete top portion of Financial Needs Analysis (p. 4)
- Give Financial Needs Analysis to the financial aid office at your school to complete the bottom portion of page 4.
- Complete FERPA release (p. 5)
- Certificate of Indian Blood or Tribal ID
- Letter of Acceptance
- Class schedule which reflects credit load
- Scan and email all documents identified above in PDF format to MHA Ed Grant staff.

Stop-Out Students: Student who has withdrawn or sat out for one semester or more and re-enrolls at a later date.

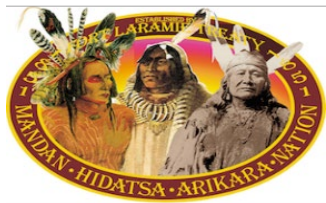
- Complete Student Information (p. 3)
- Complete top portion of Financial Needs Analysis (p. 4)
- Give Financial Needs Analysis to the financial aid office at your school to complete the bottom portion of page 4.
- Complete FERPA release (p. 5)
- Letter of Acceptance
- Most recent unofficial transcript which reflects cumulative GPA
- Class schedule which reflects credit load
- Scan and email all documents identified above in PDF format to MHA Ed Grant staff.

Continuing Students: Students who have attended one or more semesters of a post-secondary college or university.

- Complete Student Information (p. 3)
- Complete top portion of Financial Needs Analysis (p. 4)
- Give Financial Needs Analysis to the financial aid office at your school to complete the bottom portion of page 4.
- Complete FERPA release (p. 5)
- Most recent unofficial transcript which reflects cumulative GPA
- Class schedule which reflects credit load
- Scan and email all documents identified above in PDF format to MHA Ed Grant staff.

Special Circumstance: Special Circumstances may include a student who does not meet all requirements for the MHA Education Grant, exceeds outlined funding limits, or applicants who have been approved for funding through resolution by TBC.

- Complete Student Information (p. 3)
- Complete top portion of Financial Needs Analysis (p. 4)
- Give Financial Needs Analysis to the financial aid office at your school to complete the bottom portion of page 4.
- Complete FERPA release (p. 5)
- Most recent unofficial transcript which reflects cumulative GPA
- Class schedule which reflects credit load
- Letter explaining special circumstances.
- Scan and email all documents identified above in PDF format to MHA Ed Grant staff.



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Student Information

Academic Year: _____

TERM ATTENDING: (select one)

- Semester: Fall Spring Sum
 Trimester: Fall Spring Sum
 Quarter: Fall Winter
 Spring Sum

CLASSIFICATION: (select one)

- First Time or New Students
 Continuing Students
 Stop-Out Students

STATUS: (select one)

- Full-time
 Part-time

SEGMENT: (select one)

- North Segment – New Town
 Four Bears Segment

- Northeast Segment – Parshall
 South Segment – Twin Buttes

Off Reservation

- West Segment – Mandaree
 East Segment – White Shield

STUDENT ID NUMBER

301U -
TRIBAL ENROLLMENT NUMBER

LAST NAME

FIRST NAME

MIDDLE NAME

CURRENT ADDRESS: STREET/PO BOX

CITY

STATE

ZIP CODE

RELIABLE CONTACT NUMBER

DATE OF BIRTH: _____ GENDER: MALE FEMALE

Prefer not to disclose

EMAIL ADDRESS

DEGREE: (select one)

- CERTIFICATE ASSOCIATES BACHELORS MASTERS DOCTORAL/PROFESSIONAL

FIELD OF STUDY:

SIGNATURE OF APPLICANT:

DATE:

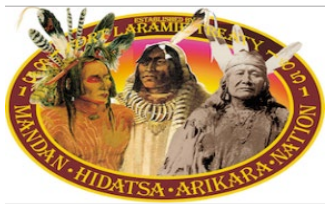
I verify under penalty of perjury that the foregoing is true and correct.

Privacy Policy Statement/Disclaimer

The Family Educational Rights and Privacy Act (FERPA Statute 20 U.S.C. Part 1232g; Regulations 34 CFR Part 99.7) is a Federal law that protects the privacy of student education records. Personal and educational information provided is solely for the use of properly identifying students for disbursements of education grants. It is not to be shared with third party entities or organizations, unless lawfully required. The MHA Education Grant Program cannot process student applications until all applicable entries of this form are completed. The information on the application form is subject to change without prior notice. Not all applications are guaranteed funding.

Release of Information

I have read and understand the Privacy Policy/Disclaimer Statements. I verify the information I have provided is true and accurate to the best of my knowledge.



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Financial Needs Analysis

STUDENT INFORMATION AND RELEASE		
Student Name: _____		
Address: _____		Phone # _____
<i>I authorize my college financial aid office to release all budget and financial aid data required for the purposes of determining eligibility for the MHA Education Grant.</i>		
STUDENT SIGNATURE <i>*Student signature required*</i>	STUDENT ID	DATE

The following data is to be completed by a **financial aid officer** at the institution where the applicant is enrolled.

TERM (circle one)	
Fall	Spring
Summer	Winter
Year 20 _____	
COST OF ATTENDANCE	
Tuition	
Fees	
Room & Board	
Books	
Transportations	
Miscellaneous Living Expenses	
TOTAL	\$
TOTAL RESOURCES	
BIA Scholarships & Grants	
Tribal Grant (Higher Ed or other)	
477	
FSEOG	
Pell Grant	
State Grant	
Academic or CTE Scholarship	
Veterans Benefit	
Social Security Benefit	
Other/Institution/Private Sources	
TOTAL	\$

If budget cannot be completed, please indicate reason:	
Did not complete FAFSA	
Must verify information on FAFSA	
Not eligible for Pell due to:	
Other:	

DO NOT INCLUDE ANTICIPATED AID

Please return this form to the MHA Education Grant Staff
By email: Kayla Rhone at krhone@mhanation.com and/or
 Shannon Vivier svivier@mhanation.com

By mail: Sage Coulee Outreach & Wellness Center
 Attn: MHA Education Grant
 1321 Elbowoods Lane
 Bismarck, ND 58503

SIGNATURE/TITLE OF CERTIFYING OFFICIAL: _____ DATE: _____

Please identify below the location applicant's award should be mailed.

MAIL CHECK TO:

NAME OF INSTITUTION: _____ PHONE: _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

FOR OFFICE USE ONLY

AMOUNT APPROVED \$ _____ APPROVED BY: _____ DATE: _____

I verify under penalty of perjury that the foregoing is true and correct.



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FERPA Release Authorization

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

The MHA Education Grant staff must have written permission from the eligible student in order to release any information from a student's education record.

I, _____, consent ____ do not consent ____ to the release of my MHA Education Grant records to my parent(s), guardian(s), or other entities listed below for the purpose of keeping them informed about my MHA Education Grant information. I understand that MHA Education Grant records include, but are not limited to, information about my academic standing, disciplinary issues, and financial obligations to my educational institution.

I acknowledge that I may submit a subsequent notification in writing directing the MHA Education Grant to no longer release information to any or all of the individuals listed below.

The MHA Education Grant is authorized to release information to the following individuals: (please print clearly)

School Officials: Consent ____ Do not consent ____ Student Initial _____

MHA Education Pathways Mentor: Consent ____ Do not consent ____ Student Initial _____

Other:

Name

Relationship to Student

Name

Relationship to Student

Name

Relationship to Student

X _____
Student's name

X _____ X _____
Student's signature Date