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 GPA. 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.

**AWARD AMOUNT:**
Full-time applicants on a semester schedule may be eligible to receive the following: **up to** $4,500.00 per Fall/Spring Semesters and **up to** $2,500.00 per Summer Semester or **up to** $11,500 per academic year. The MHA Education Grant must be the last option for funding. The Grant funds unmet need.

**APPLICATION PROCEDURE**
- 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.
- Complete and submit Application Form. **Incomplete Applications will not be considered. No exceptions.**
- Complete and submit FERPA Release Authorization.
- Provide proof of application to a minimum of two other grants and scholarships BEFORE applying for the MHA Education Grant, such as Higher Ed., 477, etc.
- In addition to the items identified above, depending on your status below, please also provide the following:

1. **First-Time or New Students must provide:**
   - Certificate of Indian Blood
   - Letter of Acceptance
   - Class schedule
   - Financial Needs Analysis (FNA)

2. **Continuing Students must provide:**
   - Most recent unofficial transcripts
   - Class schedule
   - Financial Needs Analysis (FNA)

3. **Stop-Out Students must provide:**
   - Letter of Acceptance
   - Most recent unofficial transcripts
   - Class schedule
   - Financial Needs Analysis (FNA)

4. **If applying due to Special Circumstances students must provide:**
   - Most recent unofficial transcripts
   - Class schedule
   - Letter explaining special circumstances

**DEADLINES:**

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<td>Sept. 15</td>
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**SUBMIT COMPLETED APPLICATION TO:**
Email: mhaedgrant@mhanation.com
Mail: Sage Coulee Outreach & Wellness
      Attn: MHA Education Grant
      1321 Elbowoods Lane
      Bismarck, ND 58503

**CONTACTS:**
Grant Manager: Kathy Johnson
kathyjohnson@mhanation.com
Grant Assistant: Kayla Rhone
krhone@mhanation.com
Phone: (701) 751-2928
MHA EDUCATION GRANT
College & Beyond Application

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 □ Northeast Segment – Parshall □ West Segment – Mandaree □
Four Bears Segment □ South Segment – Twin Buttes □ East Segment – White Shield □

GRANTS/SCHOLARSHIPS APPLIED FOR PRIOR TO COMPLETING THIS APPLICATION: (check all that apply)
□ Higher Ed Grant    □ 477    □ Other ________________________________

STUDENT ID NUMBER _______________  TRIBAL ENROLLMENT NUMBER _______________________

LAST NAME ______________________  FIRST NAME ______________________  MIDDLE NAME ______________________

CURRENT ADDRESS: STREET/PO BOX ____________  CITY ____________  STATE ____________  ZIP CODE ____________

DATE OF BIRTH: ____________  SEX:  □ MALE  □ FEMALE

RELIABLE CONTACT NUMBER ________________________________

EMAIL ADDRESS __________________________________________

DEGREE: (select one)
□ CERTIFICATE   □ ASSOCIATES   □ BACHELORS   □ MASTERS   □ DOCTORAL/PROFESSIONAL

FIELD OF STUDY: ________________________________

SIGNATURE OF APPLICANT: ________________________________  DATE: ____________________

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.
Financial Needs Analysis

STUDENT INFORMATION AND RELEASE

Student Name: ____________________________________________
Address: ____________________________________________ Phone #
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.

STUDENT SIGNATURE ________________________________ STUDENT ID __________________ DATE _______________
*Student signature required*

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)
- 477
- FSEOG
- Pell Grant
- State Grant
- Academic or CTE Scholarship
- Veterans Benefit
- Social Security Benefit
- Other/Institution/Private Sources

TOTAL $ ______________________

FINANCIAL NEED (COA-RESOURCES) $ ______________________

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*

SIGNATURE/TITLE OF CERTIFYING OFFICIAL: ______________________________ DATE: __________________

MAIL CHECK TO:

NAME OF INSTITUTION: ______________________________________ PHONE: ____________________

ADDRESS __________________________________ CITY __________________ STATE ___________ ZIP CODE ______________

AMOUNT APPROVED $ __________________ APPROVED BY: __________________ DATE: ______________
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)

<table>
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<tr>
<th>School Officials:</th>
<th>Consent ____ Do not consent ____ Student Initial _______</th>
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<tr>
<td>MHA Education Pathways Mentor:</td>
<td>Consent ____ Do not consent ____ Student Initial _______</td>
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<td>Other:</td>
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</table>

Student’s name ___________________________ Student’s signature _______ Date _______

This Authorization will remain valid for applicant’s entire academic career from the date of signature.