



St. Joseph's Indian School

PO Box 89
Chamberlain, SD 57325-0089
(605)234-3454 www.stjo.org

INITIAL REQUEST CHECK LIST/WORKSHEET

APPLICANT NAME: \_\_\_\_\_ E-mail \_\_\_\_\_

SEMESTER: \_\_\_\_\_ (Please check off the list below). (FAX 605-234-3483)

- Letter of request from the applicant
Have you ever attended St. Joseph's (yes or no) Years \_\_\_\_\_
Graduated from St. Joseph's, state the year graduated?
Proof of Tribal Enrollment
Copy of your college acceptance letter or class schedule
Financial Information Form completed and signed by the Financial Aid Officer of the academic institution.
Need your previous semester/quarter grades (currently attending college).
Degree being pursued by the applicant & time frame to obtain degree.
Are you be willing to 'give back' to St. Joseph's? (visit our campus and talk to our students, etc.).

Comments:

APPROVED

REJECTED

Signature (President)

Date



St. Joseph's Indian School

PO Box 89  
Chamberlain, SD 57325-0089  
(605)234-3454 [www.stjo.org](http://www.stjo.org)

FAX 605-234-3483

Continued Funding Request Check List/Worksheet

APPLICANT: \_\_\_\_\_ E-mail \_\_\_\_\_

SEMESTER: \_\_\_\_\_ (Please check off the below list) (FAX 605-234-3483)

\_\_\_\_\_ Letter of request from the applicant.

\_\_\_\_\_ Copy of the student's most recent transcript or grade report

\_\_\_\_\_ Copy of the letter of acceptance from the college or proof of enrollment (ex. Class Schedule).

\_\_\_\_\_ A Financial Information Form **completed and signed by the college Financial Aid Officer outlining income and other funding sources and expenses.**

\_\_\_\_\_ Are you be willing to 'give back' to St. Joseph's? (Visit our campus and talk to our students, etc.).

.....  
COMMENTS

.....  
\_\_\_\_\_ APPROVED

\_\_\_\_\_ REJECTED

\_\_\_\_\_  
Signature (President)

\_\_\_\_\_  
Date



Jennifer "Flute" Miller, Ellison Last Horse, Pam Ziegler

## St. Joseph's Indian School

PO Box 89  
Chamberlain, SD 57325  
(605)234-3454 www.stjo.org  
FAX 605-234-3483

### ST. JOSEPH'S INDIAN SCHOOL SCHOLARSHIP PROGRAM Chamberlain, SD

**FINANCIAL INFORMATION FORM: (SPRING SEMESTER)**

**ALL INFORMATION NEEDS TO BE COMPLETED AND SIGNED.**

**To be filled out by the student**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**Which school year are you applying for scholarship:** \_\_\_\_\_

**What year of college are you in:** \_\_\_\_\_

**Expected graduation date:** \_\_\_\_\_

**Degree to be achieved:** \_\_\_\_\_

**Major(s):** \_\_\_\_\_

**This side is to be filled out by the Financial Aid Office of the college you are attending.**      **DUE: At the end of January.**

To be filled out by the Financial Aid Office

Student ID Number \_\_\_\_\_

FINANCIAL AID OFFICER: \_\_\_\_\_ PHONE \_\_\_\_\_

**CURRENT GRANT & SCHOLARSHIP REQUEST:**

**EXPENSES (Projected):**

**Spring Semester**

Tuition & Fees \$ \_\_\_\_\_

Room & Board \$ \_\_\_\_\_

Books & Supplies \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL CURRENT STUDENT EXPENSES** \$ \_\_\_\_\_

**INCOME & OTHER FUNDING SOURCES:**

**Spring Semester**

Pell Grants \$ \_\_\_\_\_

Student Loans \$ \_\_\_\_\_

Tribal Grant \$ \_\_\_\_\_

Work Study \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL OTHER SOURCES OF FUNDING** \$ \_\_\_\_\_

**ACTUAL SCHOLARSHIP REQUEST FROM  
ST. JOSEPH'S INDIAN SCHOOL** \$ \_\_\_\_\_

\_\_\_\_\_  
**Signature of Financial Aid Officer (This will verify the information on this form)**

If you have any questions, please do not hesitate to call (605) 234-3454. Please complete all sections on **this form**. Scholarship applications received from students or graduates of St. Joseph's Indian School are given priority.

Please mail this form along with the other required documentation to the address provided below or **FAX to 605-234-3483**

**MAIL TO:  
ST. JOSEPH'S INDIAN SCHOOL  
SCHOLARSHIP PROGRAM  
P.O. Box 89  
CHAMBERLAIN, SD 57325**

Student name and ID#:

Term of Award: \_\_\_\_\_

**This is a (Need Based Award):**

GPA Requirement: 2.0

Term GPA or Cumulative \_\_\_\_\_

(If award exceeds, remaining need, **can go directly to student**).

Full Time Enrollment Required

Part Time

YES

NO

YES

NO

If you have any questions, please do not hesitate to call (605) 234-3454. Please complete all sections on front and back of this form. Scholarship applications received from students or graduates of St. Joseph's Indian School are given priority.

Please mail this form along with the other required documentation to the address provided below or **FAX to 605-234-3483**

**MAIL TO:  
ST. JOSEPH'S INDIAN SCHOOL  
SCHOLARSHIP  
P.O. Box 89  
CHAMBERLAIN, SD 57325**

(Revised: September 2021)



St. Joseph's Indian School  
Chamberlain, SD 57325

To whom it may concern:

I, \_\_\_\_\_ (Student's name), authorize

\_\_\_\_\_ (School's name), to release my Financial Aid

information to:

St. Joseph's Indian School Scholarship Program  
PO Box 89, 1301 N. Main Street,  
Chamberlain, SD 57325 – 9988  
(1-605-234-3454)

For the upcoming semester.

\_\_\_\_\_ (Student's signature & ID Number)

\_\_\_\_\_ (Financial Aid Office - signature)

\_\_\_\_\_ (Date)

Sincerely,

**Alumni Liaison / Scholarship Coordinator**  
**St. Joseph's Indian School PO Box 89**  
**Chamberlain, SD 57325 - 9988**  
**Phone: (605-234-3454)**