

HIGHER EDUCATION GRANT APPLICATION

Name: _____ Social Security No. _____
Last First MI Maiden

Address: _____
Street

City

State

Zip

Telephone: _____ Email Address: _____

Date of Birth: _____ Sex: Male Female Tribal Affiliation: _____

Name & Address of High School: _____

H.S. Graduation/GED Date: _____

APPLICATION REQUEST: 20____ 20____
Academic Year

- Spring Only Fall Only
- Summer
- Full-Time
- Part-Time

Name & Address of Institution Selected: _____

College Major: _____ Expected Graduation Date: _____

Expected Degree: AA BA BS Other _____

Year in College: _____
Freshman Sophomore
Junior Senior

Have you ever received a BIA grant before? Yes No What years? _____ Sem/Qt
Hrs _____

Privacy Act Statement: This information collection document contains information that is covered under the Privacy Act, as amended. The Bureau of Indian Affairs will not disclose any record containing such information without the written consent of the respondent unless the requestor uses the information to perform assigned duties. The primary use of this information is to verify and rate Indian students who apply for grant aid. Examples of others who may request the information are U.S. Department of Justice or in a proceeding before a court or adjudicative body; Federal, state, local, or foreign law enforcement agency; Members of Congress; Department of Treasury to effect payment; a Federal agency for collecting a debt; and other Federal agencies to detect and eliminate fraud. Collection of your Social Security Number is authorized by 31 U.S.C. 7701.

DECLARATION OF PURPOSE: I declare I will use any funds received through the Bureau of Indian Affairs Higher Education Grant Program solely for expenses connected with enrollment at an accredited institution of higher learning. I request that any BIA grant awarded me to be mailed to me in care of the financial aid office of the institution.. I will provide a copy of my academic transcript to the BIA funding office at end of each academic term.

Paperwork Reduction Act Statement: This information is collected to manage higher education grants. The information is supplied by a respondent to obtain or retain a benefit, that is, a grant . It is estimated that responding to the request will take an average of 60 minutes to complete. This includes the amount of time it takes to gather the information and fill out the form. If you wish to make comments on the form, please send them to the Information Collection Control Officer, Bureau of Indian Affairs, 625 Herndon Parkway, Herndon, VA 20170. **Note: comments,**

names and addresses of commenters are available for public review during regular business hours. If you wish us to withhold this information, you must state this prominently at the beginning of your comment. We will honor your request to the extent allowable by law. In compliance with the Paperwork Reduction Act of 1995, as amended, the collection has been reviewed by the Office of Management and Budget and assigned a number and expiration date. The number and expiration date are at the top right corner of the form. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless there is a valid OMB clearance number.

Signature of Student

Date

FINANCIAL AID PACKAGE SECTION

PART 1: TO BE COMPLETED BY THE STUDENT

Name: _____ SSN: _____

Address: _____ City _____ State/ZIP _____

Telephone: _____ Email: _____

I grant permission for the institution to release financial and academic information to the Bureau of Indian Affairs. The Bureau's office will require the financial aid information listed in Part 2 before any determination will be made with my application for assistance. When the necessary information has been completed please forward this form to the following address:

Student Signature

Date

PART 2: TO BE COMPLETED BY THE INSTITUTION'S FINANCIAL AID OFFICER

This student has applied to the Bureau of Indian Affairs Higher Education Office for a grant. Verified financial aid information is required from your office before any determination can be considered with this application. Please complete and forward this form to the following address:

Student Standing:

Independent Dependent

School Operated Upon:

Semester Quarter

BUDGET PERIOD - FROM _____ TO _____ Start Date: _____

COLLEGE BUDGET

STUDENT RESOURCES & INSTITUTIONAL

AWARD

Tuition _____

Parental Contribution _____

Fees _____

SEOG _____

Student/Spouse Contr _____ Pell _____

Room/Board _____

AFDC/Welfare _____

Perkins _____

Books _____
Travel _____
Miscellaneous _____

VA Benefits
Social Security
State Grants
State Indian School _____

_____ **Stafford** _____
_____ **CWS** _____
_____ **Voc Rehab** _____
_____ **Scholarship** _____
Other _____

Total Costs \$ _____

Total Resources \$ _____

Recommended award from the BIA \$ _____

Financial Aid Officer Signature

Date

Telephone

Name & Address of Institution: _____
