



State of Wisconsin Higher Educational Aids Board

Tony Evers
Governor

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WISCONSIN INDIAN STUDENT ASSISTANCE GRANT

This is a need-based grant available to Wisconsin residents who are attending a Wisconsin school of higher education. You must have one-quarter degree of Native American blood or be an enrolled member of a federally recognized tribe. The grant has a maximum of 10 semester awards.

There are three sections that each need to be filled out by different parties.

- Student:** Complete the Student Section & sign, then forward to your Tribal Education/Enrollment Office for certification.
- Tribal Education/Enrollment Office:** Complete & sign the Tribal/BIA Office Section to certify the degree of Native American blood. Certification is required only once; subsequent grant applications do not require certification.
 - If the blood degree is less than one-quarter, review and sign the exception statement as appropriate.
 - The BIA may certify applicants with a combination of blood degrees totaling one-quarter who are unable to be certified as a member of any tribe due to minimal degrees.
 - Mail or fax this application to the postsecondary school the student plans to attend.
- Financial Aid Office:** Complete the Office of Financial Aid Section, sign and mail or fax to: Wisconsin Higher Educational Aids Board
 WIG Program
 P. O. Box 7885, Madison, WI 53707-7885
 Fax: (608) 267-2808
 - Also mail or fax a copy to the Tribal Education Office.

If you have any questions, please contact Charlene Sime at: charlenek.sime@wi.gov or by phone (608) 266-0888

Student Section

Academic Year: 20___ - 20___ Current Student Status: Graduate Undergraduate

Student Name: _____ Social Security #: _____
Last First

Phone: _____ Email: _____ Birthdate: _____

Current Address: _____
Street Address Apartment/Unit #

City State ZIP Code

I have resided at this address since: _____
Month Year *If less than 1 year, provide previous addresses & length of residence for last 5 years on a separate sheet of paper*

High School Attended: _____
Name of High School City State Graduation/GED date

I plan to Attend: _____
Name of College/Institution City State Enrollment Term

Have you previously received a grant under this program? YES NO If yes, what year(s)? _____

Father's Name: _____ Mother's Name: _____

Tribe/Reservation: _____ Tribe/Reservation: _____

Address: _____ Address: _____

STUDENT STATEMENT (IMPORTANT – READ CAREFULLY)

I declare that the information given by me on this form is true, correct and complete to the best of my knowledge. If granted assistance, I will use it only for educational expenses and purposes. I agree that this information may be shared between the Bureau of Indian Affairs, Tribe, State and the school. I further agree that I will apply for any financial aid available to me. I request the Office of Student Financial Aid to notify the BIA, State, and Tribe of my financial need and authorize any school I am attending to release a copy of my grade transcript to the BIA, State and Tribe at the end of each academic term. I request that any Bureau scholarship funds be mailed to me in care of the Office of Student Financial Aid or Business Office at the school I attend.

Student Signature: _____ Date: _____

Student Name: _____ Social Security #: _____

Tribal/BIA Office Section

I hereby certify that the above-named applicant is _____ degree _____ Indian blood according to available records. *Name of Tribe*

Certifying Official Signature: _____ Date: _____

Tribal Education Office: _____
Name of Office Address Fax Number

EXCEPTION STATEMENT

This is to certify that the above-named applicant, who has been unable to be certified as having at least one-quarter Indian blood by an appropriate Indian agency:

- Will be recognized as a member of the _____ Tribe for the purpose of the State of Wisconsin Indian Assistance Grant Program.
- Has a combination of blood degrees totaling one-quarter but is unable to be certified as a member of any tribe. Complete the certification below.

Degree	Tribe	Certifying Official Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____ = Total Degree of Indian Blood			

Office of Student Financial Aid Section

School Name: _____ New Student or Continuing Student

School Address: _____
Street Address City State Zip Code

Budget Period: _____ to _____ Year in School: _____ Status: Full-time Part-time Special

Expected Degree: AA BA/BS MA/MS Other: _____ Expected Graduation Date: _____

Major: _____ Minor: _____ Living: On Campus Off Campus With Parents

Approved Student Budget:

Tuition & Fees \$ _____
 Books & Supplies _____
 Room & Board _____
 Personal Expenses _____
 Transportation _____
 Other: _____

Anticipated Student Resources:

Student Contribution \$ _____
 Parent Contribution _____
 Veteran's Benefit _____
 Social Security _____
 Vocational Rehab. _____
 General Assist./TANF _____
 Other: _____

TOTAL BUDGET \$ _____

TOTAL RESOURCES \$ _____

Awards:

Pell Grant \$ _____
 Suppl. Ed. Opportunity Grant _____
 Wisconsin Grant _____
 TIP Grant _____
 Minority Grant _____
 Federal Work Study _____
 Perkins Loan _____
 Subsidized Stafford Loan _____
 Other: _____

Recommended WI Indian Grant _____

Recommended Tribal/BIA Grant _____

(Tribal/BIA \$ _____ for _____ terms)

ASSESSED NEED (Total Budget less Total Resources) = \$ _____

TOTAL AWARDS = \$ _____

Signature of Financial Aid Officer: _____ Date: _____ Phone: _____