



State of Wisconsin Higher Educational Aids Board

Tony Evers
Governor

P.O. Box 7885
Madison, WI 53707-7885
HEABmail@wi.gov

Telephone: (608) 267-2206
Fax: (608) 267-2808
https://heab.state.wi.us

Connie Hutchison, PhD
Executive Secretary

WISCONSIN INDIAN STUDENT ASSISTANCE GRANT: CONTINUING STUDENT

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.

This form is for **continuing students only**.

****If you are applying for this grant for the first time, please go back to the website and download the Indian Student Assistance Grant: New Student form.****

There are 2 sections that each need to be filled out by different parties.

- Student:** Complete the Student Section & sign, then forward to your Financial Aid Office.
- 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: _____

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 at each location for last 5 years on a separate sheet of paper.*

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: _____ Address: _____ SSN #: _____
Last Name First Name Street Address Apt. City State Zip Code

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: _____

TOTAL BUDGET \$ _____

Anticipated Student Budget:

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

TOTAL RESOURCES \$ _____

ASSESSED NEED (Total Budget less 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)

TOTAL AWARDS = \$ _____

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