



# State of Wisconsin Higher Educational Aids Board

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Governor

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## 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 Jody Gennrich at [jody.gennrich1@wi.gov](mailto:jody.gennrich1@wi.gov) or (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: \_\_\_\_\_