



# State of Wisconsin Higher Educational Aids Board

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Governor

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## WISCONSIN INDIAN STUDENT ASSISTANCE GRANT: NEW 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 **new students only**.

**\*\*If you are a continuing student, please go back to the website and download the Indian Student Assistance Grant: Continuing Student form.\*\***

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

- 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 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: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

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

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

**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: _____	_____
_____	_____
_____	_____
<b>TOTAL BUDGET</b>	<b>\$ _____</b>

**Anticipated Student Resources:**

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

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