

Yankton Sioux Tribe

Higher Education/Adult Vocational Training Program

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HIGHER EDUCATION PROGRAM / ADULT VOCATIONAL PROGRAM APPLICATION

STUDENT NAME:

COLLEGE/UNIVERSITY ATTENDING:

ACADEMIC YEAR: Fall Semester Spring Semester Both

Higher Education Scholarship Adult Vocational Applying for: or

ALL APPLICANTS MUST PROVIDE THE FOLLOWING DOCUMENTS TO THIS OFFICE BEFORE THIS

APPLICATION CAN BE PROCESSED.

- A.) NEW APPLICANTS PLEASE SUBMIT THE FOLLOWING: 3 5 8 6 7
- B.) RETURNING/RENEWAL APPLICANTS SUBMIT THE FOLLOWING: 2 8
- C.) WITH CHANGE/TRANSFER OF COLLEGE: 3 5 5
- 1. Higher Education/Adult Vocational Training application
- 2. Financial Needs Analysis form (last page of application packet

This form needs to be completed by your school financial aid office and returned to our office. It is your responsibility to get this form to your school and returned to the Higher Education office.

- 3. Letter of acceptance from the school you're attending.
- 4. High school transcripts or GED Transcripts or copy of diploma.
- 5. Transcripts from previously attended college/university, need to be official transcripts, sent directly to our office. There is a fee associated with this, it is the student's responsibility.
- 6. Yankton Sioux Tribal Affiliation certification.
- 7. Previous semesters grades
- 8. Class schedule for current semester

DEADLINES:

OFF-RESERVATION:

July 1st - For the new academic year, starting with Fall semester.

December 1st - For the new students that didn't attend college Fall semester.

January 1st - (If granted an award for fall semester) Fall semester grades & Spring semester class schedule due to be considered for second semester award.

ON-RESERVATION:

September 1st - For the new academic year, starting with Fall semester.

January 1st - For new students who didn't attend college fall semester.

January 31st - (If granted an award for fall semester) Fall semester grades & Spring semester class schedule due to be considered for second semester award.

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974). December 31, 1974. Although furnishing information to this office is voluntary to supply complete and accurate information may preclude the applicant from eligibility for assistance under this program.

This information is being collected to determine eligibility of individuals applying for services. This information will be used to produce statistical records required of the Office of Indian Education Programs. Response to this request is required to obtain benefit.

Revised:NOV2018

HIGHER EDUCATION/ADULT VOCATIONAL TRAINING SCHOLARSHIP APPLICATION APPLYING FOR: ACADEMIC YEAR 20 TO 20 SPRING ONLY SEMESTER: **FALL BOTH** First Name **Last Name** Maiden Social Security Number Zip Code Date of Birth **Current Mailing Address** City, State Telephone Number Zip Code Mailing Address While at College City, State Student ID # (If Applicable) E-mail Address Sex: Female Male Have you applied for H.E./AVT Before? Yes No If Yes, When: **Marital Status:** Number of Dependants: **Tribal Affiliation:** Single Married **Enrollment Number:** Separated Veteran Status: No Yes Divorced **EDUCATION INFORMATION:** Name of School: High School Diploma YES NO Date: Name of Institute: **GED** YES NO Date: **POST-SECONDARY SCHOOL INFORMATION:** Phone Number: Name of College: Fax Number: Address: City, State, Zip: Type of Institute: 2 Year College 4 Year College 4 Year University Graduate Program Academic Level: Freshman Sophomore Junior Graduate Senior 1-32 Credits 33-64 Credits 98+ Credits 65-97 Credits Student Status: New Student Returning Student Transfer Student Off Campus With Parents Plan to live: On Campus MAJOR: **Anticipated Graduation Date:** Degree Expected: AA AS BA BS hereby certify that the above information on this application is true and correct to the best of my knowledge. I consent to the release of this information to all necessary agencies to complete my higher education/adult vocational application. I understand that any awards given to me from this program will be sent directly to my college/

of my knowledge. I consent to the release of this information to all necessary agencies to complete my higher education/adul vocational application. I understand that any awards given to me from this program will be sent directly to my college/ university on my behalf. I will provide copies of all grades and class schedules at the end of each semester no later than the deadline set forth.

Signature of Student Date

Revised: Nov2018