



Yankton Sioux Tribe

Higher Education/Adult Vocational Training Program

PO BOX 1153 * 110 S.E. 1st St.

Wagner, SD 57380

Ph:(605)384-3382 * Fax:(605)384-3100

www.yanktonsiouxtribe.net

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HIGHER EDUCATION PROGRAM / ADULT VOCATIONAL PROGRAM APPLICATION

STUDENT NAME:

COLLEGE/UNIVERSITY ATTENDING:

ACADEMIC YEAR: Fall Semester Spring Semester Both

Applying for: Higher Education Scholarship or Adult Vocational

ALL APPLICANTS MUST PROVIDE THE FOLLOWING DOCUMENTS TO THIS OFFICE BEFORE THIS APPLICATION CAN BE PROCESSED.

___A.) NEW APPLICANTS PLEASE SUBMIT THE FOLLOWING: ()1 ()2 ()3 ()4 ()5 ()6 ()7 ()8

___B.) RETURNING/RENEWAL APPLICANTS SUBMIT THE FOLLOWING: ()1 ()2 ()7 ()8

___C.) WITH CHANGE/TRANSFER OF COLLEGE: ()1 ()2 ()3 ()5 ()7 ()8

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 SEMESTER: FALL SPRING ONLY BOTH

First Name Last Name Maiden Social Security Number

Current Mailing Address City, State Zip Code Date of Birth

Mailing Address While at College City, State Zip Code Telephone Number

E-mail Address Sex: Male Female Student ID # (If Applicable)

Have you applied for H.E./AVT Before? Yes No If Yes, When:

Marital Status: Number of Dependents:
Single Tribal Affiliation:
Married Enrollment Number:
Separated Veteran Status: Yes No
Divorced

EDUCATION INFORMATION:

High School Diploma YES NO Date: Name of School:
GED YES NO Date: Name of Institute:

POST-SECONDARY SCHOOL INFORMATION:

Name of College: Phone Number:
Address: Fax Number:
City, State, Zip:

Type of Institute: 2 Year College 4 Year College 4 Year University Graduate Program

Academic Level: Freshman 1-32 Credits Sophomore 33-64 Credits Junior 65-97 Credits Senior 98+ Credits Graduate

Student Status: New Student Returning Student Transfer Student

MAJOR: Plan to live: On Campus Off Campus With Parents

Anticipated Graduation Date: Degree Expected: AA AS BA BS

I _____ 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/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



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FINANCIAL AID NEEDS ANALYSIS (FNA)

Please Note: All undergraduate students are required to complete and submit the Free Application for Federal Student Aid (FAFSA) before eligibility can be determined. The appropriate college/university is then responsible for completing Part 2 of this form.

It is the STUDENTS responsibility to submit this form to the college/university and to the YSTHE/AVP when completed.

PART 1: (To be completed by Student, Print Clearly Please)

First Name	Last Name	MI	Date of Birth	Social Security Number
Address	City	State	Zipcode	Telephone Phone
Year in College	Major Declared	Credit Hours Completed	Student ID #	
Marital Status	No. of Dependents	Active Email Address		

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND CONSENT TO THE RELEASE OF THIS INFORMATION TO THE NECESSARY AGENCIES TO COMPLETE MY FINANCIAL AID.

SIGNATURE OF STUDENT

DATE

OFF-RESERVATION DEADLINES

July 1st for new and returning for new academic year

December 1st for Spring semester only

ON-RESERVATION DEADLINES

September 1st for new and returning for the new academic year

January 1st for Spring semester only

PART 2: (To be completed by the financial aid officer.)

This student has applied to the Higher Education/Adult Vocational Training Scholarship Programs for funding assistance. Financial Aid information will be required from your office before any further action can be made on this application. We would appreciate your assistance in completing and forwarding this form back to the above address or to the student. Thank you very much.

Budget Period from _____ to _____ which will begin (date):

This institution is on: Semesters _____ Quarters _____ Other: _____

This student is considered: Freshman _____ Sophomore _____ Junior _____ Senior _____

This student is considered: dependent _____ Independent _____ Attending: Full-Time _____ Part-Time _____

Is this student currently considered to be on any of the following: academic probation _____ financial-aid suspension _____ PELL ineligible _____

STUDENT RESOURCES

Parent Contribution \$	PELL GRANT \$
Student/Spouse Contr.\$	FSEOG \$
VA Benefits \$	NDSL \$
College/Univ. Schol.\$	FCWS \$
Federal Stafford \$	SCHOLARSHIPS \$
Federal SLS \$	FEDERAL PERKINS \$
College/Univ. Loans\$	STATE GRANTS \$
Subsidized loans \$	Tuition Waivers \$
PLUS LOANS \$	TOTAL RESOURCES \$

STUDENT EXPENSES

TUITION \$
FEES \$
BOOKS \$
ROOM \$
BOARD \$
TRAVEL \$
MISC \$
OTHER \$
TOTAL EXPENSES \$

THIS STUDENT HAS AN UNMET NEED OF:

This analysis is: Estimated _____ Actual _____ Revised: _____

Type/print Financial Aid Administrator name:

Signature

Date

Name of College

Address

City

State

Zipcode

Phone Number

REVISED:NOV2018