

FINANCIAL AID PROCESS
HIGHER EDUCATION

The Northern Cheyenne Tribal Education Department and College/University Programs each have their own Financial Aid Process. Please use the following guide to help you complete all your documents to assure your funding will be ready when you register for college.

STUDENTS DO NOT DEPEND ON SOMEONE ELSE TO COMPLETE YOUR PAPERWORK
KEEP COPIES OF ALL YOUR DOCUMENTS

TELEPHONE NUMBERS: 1-800-353-8183 406-477-6567 406-477-6643 406-477-6770 406-477-6602 FAX: 406-477-8150

NORTHER CHEYENNE TRIBAL EDUCATION
DOCUMENT REQUIREMENTS (*Due by March 1)

- | *Completed and submitted Tribal Education application by: (See deadlines below)
- | *7th semester high school transcript (graduating senior)
- | *Official High School/College transcripts/Copy GED Scores.
- | *One page written educational Goals
- | *Copies of awards and achievements
- | *Three letters of recommendations addressed to the Tribal Education Department (new students) no relatives accepted.
- | *Certificate of Degree of Indian Blood
- | *Copy of Admissions form for college(s)
- | Official Acceptance letter from college (Due June 30)
- | Proof of filing for financial aid by March 1st. FAFSA/SAR/ISAR/ESAR(SAR due before June 30)
- | Needs Analysis Due By June 30 for Fall Semester December 1 for Winter/Spring Semester
- | Recommend new and transfer students attend orientation sessions at the college/university
- | Apply for your PIN Number to access your Financial Aid Information. Remember your PIN Number.

DEADLINE DATES: BEFORE

MARCH 1ST – FALL QUARTER/SEMESTER

OCTOBER 1ST – WINTER/SPRING QUARTER/SEMESTER

APRIL 1ST-SUMMER SCHOOL

(Seniors needing credits to graduate from college if funding is available).

UNIVERSITY/COLLEGE
REQUIREMENTS

- | Decide on college/university by January 1st.
- | Applied for admissions or re-admission. (sent admission fee)
- | Applied for Financial Aid.
- | Returned all required completed forms to the financial aid office before May 1.
- | Student applied for housing and sent in deposit (Deposit is the responsibility of the student)
- | Send official high school /college GED scores to the admissions office.
- | Assure the financial aid office at the college/university has received all required documents.
- | Applied or re-applied for the Indian Fee Waiver.
- | Requested the financial aid transcript be sent to the financial aid office. (For transfer college students only)
- | Take ACT or SAT Test
- | Sent immunization records to the college/university.

FAXED COPIES OF APPLICATION WILL NOT BE ACCEPTED.

FEDERAL EXPRESS MUST BE POST MARKED BEFORE THE DEADLINES. Documents must be at the Tribal Education by the deadline date.

REMEMBER TO PRINT YOUR ON-LINE DOCUMENTS.

ON-LINE APPLICATION DOCUMENTS MUST BE MAILED TO THE TRIBAL EDUCATION OFFICE

Recommended all supporting documentation be sent together with the application .

HIGHER EDUCATION APPLICATION
NORTHERN CHEYENNE TRIBAL EDUCATION DEPARTMENT
P.O. BOX 307

LAME DEER, MONTANA 59043

(406) 477-6567 (406) 477-6602 (406) 477-6643 (406) 477-6770 Fax (406) 477-8150 1-(800) 353-8183

Last Name _____ First Name _____ Middle _____ Maiden _____

Permanent Address _____ Current Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Social Security _____ - _____ - _____ Marital Status: S () M () W () D () Separated ()

Date of Birth _____ Telephone Number _____ Sex: Male () Female ()

Type of High School: BIA () Tribal Contract () Mission School () Private () Public ()

High School Attended: _____ Year Graduated _____ GED () Date Received _____

Student will attend College/University: _____ Fall () W () SP () SU () Year _____

City _____ State _____ Zip _____

Status: FR () SP () JR () SR () Major Course of Study _____

Have you ever attended another college or training program? Yes _____ No If yes, where? _____

Have you been funded by the Tribal Education Department? Yes _____ No If yes, what year? _____

DEPENDENTS WHO WILL BE LIVING WITH APPLICANT AT SCHOOL

Name _____ Relationship _____ Birth Date _____

Name _____ Relationship _____ Birth Date _____

Name _____ Relationship _____ Birth Date _____

STATEMENT REGARDING DISCLOSURE OF PERSONAL INFORMATION

Disclosure by you of your social security number, transcript or school grades, medical records, income information, veterans status, arrest record, debt, disability evaluations and other information which may have a bearing on your application for schooling is voluntary. Failure to provide requested material may result in a delay or denial in receiving educational assistance. The authority which authorizes collection of information is: CFR 25, 34.2 USC 13 and 309 831 AM 4. The information will be used to determine eligibility for services. It will be used by the Tribal Education Department and counselors to evaluate your request and assist you before and during your educational program. After completion of college, parts or all of the information in your application will be provided to employers who are considering you for employment. The application will be used in a routine manner by counselors working with you who need background information and by those people involved in financial control that need budgeting information contained in the application.

I AUTHORIZE THE USE OF INFORMATION IN THE ABOVE MANNER:

Signature _____ Date _____
E-Mail Address _____

7/20/10

NORTHERN CHEYENNE TRIBAL EDUCATION DEPARTMENT
MUST BE COMPLETED BY THE APPLICANT TO BE ELIGIBLE FOR A SCHOLARSHIP

Please sign each section for each quarter/semester of attendance

Name of College/University

City

State

Zip Code

I hereby apply for and agree to attend the college/university indicated above. I will carry at least 14/16 quarter credit hours, 16/18 semester credit hours or the equivalent each college/university term. I will to the best of my ability satisfactorily complete the courses which I have selected. I further agree that the Tribal Education Funds issued will be used for educational purposes or repayment will be made to the Tribal Education Department. I understand that the PELL and other funding available to me will be included when computing my financial aid package and I agree to use funds for the purposes intended. **I authorize the college/university to release grades, mid term progress reports, attendance information and financial information to the Northern Cheyenne Tribal Education Department.**

SIGNATURE

DATE

Name of College/University

City

State

Zip Code

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Revised 7/15/09

SIGNATURE

DATE

STATEMENT OF PRIVACY

The Privacy Act of 1974 requires each federal agency that maintains a system of information on individuals to inform those individuals as to:

- A. The authority whether granted by statute, or by executive order of the President which authorizes the solicitation of the information and whether disclosure of such information is Mandatory or voluntary;
- B. The principal purpose or purposes for which the information is intended to be used;
- C. The routine uses which may be made of the information, as published pursuant to Paragraph (4) (D) of this subsection and
- D. The effects on him/her, if any, of not providing all or any part of the requested information.

The Northern Cheyenne Tribal Education Department higher education and Adult Vocational Training Assistance Program operates under the general authority of 24 USC Chapter 13, 42 Stat. 208 P.L. 67-85 with specific legislation contained in 25 USC, Subchapter E, part 32 Administration of Education Loans, Grants and Other Assistance for Higher Education. In Accordance with the accountability required for administration of the funds appropriated for the program and in order to provide services to recipients and to declare eligibility, certain information is required of applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request. The applicant should understand that the intent of collecting and maintaining this data on individuals is for determining eligibility of the applicant and to provide the means for producing certain statistical records required of this office. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining higher education or vocational training scholarships under this program.

I have read the statement or privacy listed with the application form. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in this statement.

WITNESS

SIGNATURE OF APPLICANT

ADDRESS

DATE

HIGHER EDUCATION GUIDELINES

**STUDENT
ACKNOWLEDGEMENT**

THE HIGHER EDUCATION GUIDELINES ARE VERY IMPORTANT TO YOUR SUCCESS IN COMPLETING YOUR DEGREE. IT IS VERY IMPORTANT THAT YOU READ AND UNDERSTAND THE GUIDELINES TO ASSURE YOU STAY IN COMPLIANCE WITH THE HIGHER EDUCATION SCHOLARSHIP PROGRAM. THE GUIDELINES WILL ASSIST YOU THROUGHOUT YOUR EDUCATIONAL PROCESS.

NO FUNDING WILL BE PROVIDED UNLESS THIS DOCUMENT IS SIGNED AND RETURNED TO THE TRIBAL EDUCATION DEPARTMENT AS SOON AS POSSIBLE.

I HAVE RECEIVED AND READ THE HIGHER EDUCATION GUIDELINES. I UNDERSTAND MY RESPONSIBILITIES AND AGREE TO ABIDE BY THESE GUIDELINES.

SIGNED _____

DATE: _____