



## Sisseton Wahpeton College

Quality Education for the Glacial Lakes Since 1979

Dear Sisseton-Wahpeton Oyate Member:

I have enclosed the application that you requested from the Sisseton-Wahpeton Oyates' Higher Education Grant Program. For your information the Oyate has two scholarship programs available.

The application that is enclosed is formerly the Bureau of Indian Affairs Higher Education Scholarship and has since been contracted by the Oyate in 1994. Our office is located in the Sisseton-Wahpeton College here in Agency Village, South Dakota. This program serves all enrolled Oyate members who meet our eligibility requirements and have a financial need.

The Oyate also has a Higher Education Endowment Program that is funded by casino revenue. The funds for this program are awarded at the end of each semester. The contact person is Janell BearHill and she can be reached at (605) 742-0150 or Business Cell (605) 268-2792. Janell's fax number is (605) 742-0140.

Another source of funding that you can check into is from the Tribal District that you are enrolled in. Each district usually has education funds available to their enrolled members. You can call the Tribal Office at (605) 698-3911 to get the phone numbers for your District Representatives.

Please remember that all students must complete a new application for each academic year in which financial assistance is requested. **Grades/transcripts must also be submitted at the end of each semester.** The deadline to apply for funding for the Fall semester is June 15<sup>th</sup> and the deadline to apply for funds for the Spring semester is December 15<sup>th</sup>. The Higher Ed application and policies are also available on the SWC website at [www.swc.tc](http://www.swc.tc) under the Financial Aid section.

If you have any questions please feel free to contact this office at (605) 698-3966 extension 1182. My office hours are Monday-Thursday from 8:00 a.m. to 4:30 p.m.

Sincerely,

Janel ManyLightning  
Financial Aid Director



# Sisseton Wahpeton College

Quality Education for the Glacial Lakes Since 1979

## SISSETON WAHPETON OYATE HIGHER EDUCATION GRANT APPLICATION CHECKLIST

Please attach all requested information before submitting your application.

\*Incomplete applications will not be considered for funding. It is the responsibility of the student to include and/or submit all information with their application. Students must be enrolled in 9 or more credits in order to be eligible for funding.

- \_\_\_\_\_ Higher Education Grant Application with signature. (Page 1)
- \_\_\_\_\_ Financial Aid Budget Form which must be completed and signed by the Financial Aid Officer at the college you are attending. (Page 2)
- \_\_\_\_\_ Degree of Indian Blood which can be obtained by the Tribal Enrollment Office at (605) 698-3911 extension 215.
- \_\_\_\_\_ New students must submit a letter of acceptance from the College or University. SWC Students do not need to submit an acceptance letter.
- \_\_\_\_\_ Continuing students must submit a copy of their current transcripts. Please remember to include the last semester attended.

The Higher Education Grant Program does not have funds available for summer school. Fall and spring semesters are defined for program purposes as follows:

- Fall classes taken August/September THROUGH December
- Spring classes taken January THROUGH May

**Please remember that all students must complete a new application for each academic year in which financial assistance is requested. Transcripts must also be submitted at the end of each semester. The Higher Ed application and policies are also available on the SWC website at [www.swc.tc](http://www.swc.tc) under the Financial Aid section.**

### DEADLINE DATES:

Fall Term –June 15<sup>th</sup> Academic Year-(includes Fall & Winter Quarters; Fall Trimester)

Spring Term- December 15<sup>th</sup> SPRING TERM ONLY (includes Spring Quarter: Spring Trimester)

**Incomplete Applications will not be considered for Funding**

Sisseton Wahpeton Oyate  
Higher Education Grant Program

Waiting List Procedures:

- It is the responsibility of the student to include and/or submit **all information** with their application.
- Incomplete applications will not be considered for funding.
- A student is added to the “waiting list” according to the **date that all** of the missing information has been submitted to the Higher Ed Office and the application becomes complete.
- Students on the waiting list will be reviewed when all information has been submitted, **if funds are still available**.
- If funds are not available the student’s application will not be reviewed until the following semester (if it is during the same calendar year).
- All students must complete a new application for each academic year in which financial assistance is requested. If you have applied for the academic year you do not need to submit another application for the spring semester.
- Students must be enrolled in 9 or more credits in order to be eligible for funding.
- **Transcripts/grade reports must be submitted to the Higher Education Office at the end of each term (semester).**
- Freshman (30 credits or less) must maintain a semester grade point average of at least 1.50.
- Sophomore, Junior, Senior (31 credits or more) must maintain a semester grade point average of 2.00.
- Summer school funding is not available.

**Deadline Dates:**  
**Fall Term – June 15<sup>th</sup>**  
**Spring Term – December 15<sup>th</sup>**

**SISSETON WAHPETON OYATE**  
**HIGHER EDUCATION GRANT APPLICATION**

Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

Address \_\_\_\_\_ Tele. No. \_\_\_\_\_  
STREET CITY STATE ZIP

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status:  Single  Married  Divorced  Separated

No. of Dependents \_\_\_\_\_ Veteran  Y  N E-mail address \_\_\_\_\_

Are you a member of the Sisseton-Wahpeton Oyate Tribe \_\_\_\_\_ (Please attach a copy of your degree of Indian blood.)

What Tribal District are you Registered with \_\_\_\_\_

Name of High School You Attended \_\_\_\_\_

Type of High School  BIA  Tribal  Private  Mission  Public

Graduation Date \_\_\_\_\_ or Date GED was received \_\_\_\_\_

APPLICATION REQUEST 20\_\_\_\_ - 20\_\_\_\_

Academic Year  Spring Only  Fall Only  Full-Time  Part-Time

Complete Name and Address of College You will Attend \_\_\_\_\_

College Major \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Expected Degree  AA  BA  BS  MA  Other

Year in College  Freshman  Sophomore  Junior  Senior  Graduate

Have you ever received a Higher Education Scholarship before?  Yes  No

Please provide a brief summary of your career goals and future plans \_\_\_\_\_

I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to necessary agencies to complete my financial aid package. I request that any scholarship awarded me be mailed to me in care of the financial office of the institution. I will provide a copy of my grades or transcript to the Higher Education Scholarship Office at the end of each academic term. I understand that failure to submit grade report will result in delay of scholarship for subsequent terms.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

NOTICE: Applicants must attach a degree of Indian blood, letter of acceptance, transcripts and completed budget in the application process.

DEADLINE DATES: Fall Term - June 15th      Spring Term - December 15th

**SISSETON WAHPETON OYATE**  
**HIGHER EDUCATION GRANT PROGRAM**  
**FINANCIAL AID BUDGET FORM**

TO BE COMPLETED BY STUDENT

Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Phone

Year in College \_\_\_\_\_ Major \_\_\_\_\_

Marital Status \_\_\_\_\_ No. of Dependents \_\_\_\_\_

To Financial Aid Officer: Please complete the bottom portion of this form and return to:

**Higher Education Grant Program**  
**Sisseton-Wahpeton College**  
**Old Agency Box 689**  
**Sisseton, SD 57262**

Forms can be faxed to: 605-698-3132  
 Deadline Dates: Fall Term – June 15th Spring Term – Dec. 15th

TO BE COMPLETED BY THE FINANCIAL AID OFFICER (PART II) Fall & Spring Semester Only

Budget Period: From \_\_\_\_\_ To \_\_\_\_\_ Which will start on (date) \_\_\_\_\_

This student is considered: Independent \_\_\_\_\_ Dependent \_\_\_\_\_

Parental Contribution _____	Pell Grant _____	Tuition _____
Student Contribution _____	F.S.E.O.G. _____	Fees _____
Spouse Contribution _____	FCWS _____	Books _____
VA Benefits _____	Federal Loans _____	Room _____
Soc. Sec. Benefits _____	Scholarships _____	Board _____
AFDC/TANF _____	Voc. Rehab. _____	Travel _____
State Grants (SSIG) _____	Other _____	Misc. _____
State Inc. Scholarship _____	<b>TOTAL</b> _____	<b>TOTAL</b> _____

I recommend that SWO Higher Education consider awarding this student..... \$ \_\_\_\_\_  
 (Cost of attendance minus financial aid.)

Signature \_\_\_\_\_  
Financial Aid Officer Date Telephone

Name of College \_\_\_\_\_ Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Our School is on: Semester \_\_\_\_\_ Quarter \_\_\_\_\_ Other \_\_\_\_\_