



Lac Courte Oreilles Band of Lake Superior Chippewa Indians Scholarship Application

LCO Higher Education Dept., 13394W. Trepania Road, Hayward, WI 54843
715-634-8934 Phone, bwhite@lco-nsn.gov Email: www.lco-nsn.gov Website

PART I – COMPLETED BY APPLICANT & Return to LCO Higher Education

Social Security Number	PRINT <u>FULL</u> NAME (Maiden)	Birth Date
Permanent Home Address	City ST Zip Code	Contact Number ()
Type of High School Degree (Circle) Diploma GED HSED	Date Degree Obtained	School Attended for degree
Student Status <input type="checkbox"/> New applicant (never applied) <input type="checkbox"/> Continuing applicant (applied last yr.) <input type="checkbox"/> Re-entry applicant (applied in past)	Year in College/University <input type="checkbox"/> 1 st Year <input type="checkbox"/> 2 nd Year <input type="checkbox"/> 3 rd Year <input type="checkbox"/> 4 th Year <input type="checkbox"/> Graduate/Professional	Term/Semester (Check all that apply) <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer
Type of School (Circle) Public Private BIA		
Enrollment Status <input type="checkbox"/> Full-time <input type="checkbox"/> ¾ time <input type="checkbox"/> ½ time or Less		

Name & Address of University / College / Institution – Financial Aid Office

Major/Program/Course of Study	Expected Degree (Circle) Tech-Diploma Associate Bachelors Masters Doctorate/PhD. Juris Doctorate Other:	Expected Graduation Date
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Applicant's Father's Name: _____ Tribal Affiliation: _____

Applicant's Mother's Maiden Name : _____ Tribal Affiliation: _____

FOR CERTIFICATION: Indicate Tribe/Nation the Higher Education Office should mail your application:

IMPORTANT – STUDENT STATEMENT OF CERTIFICATION AND RELEASE OF INFORMATION - READ CAREFULLY

I declare the information given by me on this form is true, correct and complete to the best of my knowledge. I understand it is my responsibility to notify the Lac Courte Oreilles (LCO) Higher Education Office of any changes indicated on this application. I agree sharing of my educational related information will be between the LCO Tribe, State, Bureau of Indian Affairs (BIA), and the school. I further agree that I will contact the financial aid office of the institution I have selected and will apply for financial aid available to me. I understand applying does not guarantee automatic approval of scholarship funding assistance. If granted assistance, I will use it only for educational expenses and purposes. If granted assistance, I understand any tribal grants awarded me are mailed directly to the Office of Student Financial Aid or Business Office at the school I attend.

Signature of Applicant	Date
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PART II – COMPLETED BY TRIBAL ENROLLMENT OFFICE

The above named applicant: () is an Enrolled Member () is not an Enrolled Member () Other: _____

Please complete for ALL students; enrolled or otherwise
If no record, please indicate "NO RECORD"

	Degree	Tribe
	_____	_____
	Total Degree of Indian Blood	

Certifying Official Signature	Date
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PART III – COMPLETED BY FINANCIAL AID OFFICER

ACADEMIC YEAR: ____/____/____ BUDGET PERIOD FROM ____/____/____ TO ____/____/____

STUDENT IS: ____ DEPENDENT ____ INDEPENDENT STATUS: FULL TIME ____ PART TIME ____ STUDENT HAS: NUMBER OF CREDITS ____

SCHOOL EXPENSES: \$ _____ Tuition and Fees \$ _____ Books and Supplies \$ _____ Room and Board \$ _____ Personal Expenses \$ _____ Transportation \$ _____ Other \$ _____ TOTAL EXPENSES	RESOURCES: \$ _____ Student/Spouse Contribution \$ _____ Parental Contribution \$ _____ Veterans Benefits \$ _____ Social Security \$ _____ DVR \$ _____ Other \$ _____ TOTAL RESOURCES \$ _____ ASSESSED NEED (E - R)
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WE HAVE MADE THE FOLLOWING AWARDS:

Pell Grant \$ _____	Minority Retention Grant \$ _____	Subsidized Loan \$ _____
SEOG \$ _____	School Scholarship \$ _____	Unsubsidized Loan \$ _____
Tuition Waiver \$ _____	College Work Study \$ _____	Other \$ _____
WHEG \$ _____	SSIG \$ _____	Other \$ _____
State Indian Grant \$ _____	Perkins Loan \$ _____	Other \$ _____

WE MAKE THE FOLLOWING RECOMENDATION:

BIA/TRIBAL GRANT: Sem/Qtr. I \$ _____ Sem/Qtr. II \$ _____ Sem/Qtr. III \$ _____ Sem/Qtr. IV \$ _____ TOTAL \$ _____

Financial Aid Advisor Signature	Date	Institution of Higher Education
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