

# **College Bound Student Checklist For Higher Education Application**

1. \_\_\_\_\_ Your personal letter requesting why you need a grant, and how you plan to use the funding, your college major, and your objectives.
2. \_\_\_\_\_ A certificate of Indian Blood from the Kickapoo Tribe.
3. \_\_\_\_\_ Completed Pell Grant, or complete the Pell Grant if you have not already done so.
4. \_\_\_\_\_ A copy of the letter of Admission from the college you plan to attend.
5. \_\_\_\_\_ Financial needs analysis to be signed by the applicant and sent to the Financial Aid officer of the College/University.
6. \_\_\_\_\_ Freshman are required to submit SAT or ACT scores.
7. \_\_\_\_\_ A complete high school transcript/GED or a complete official college transcript.
8. \_\_\_\_\_ A degree evaluation for all students achieving Junior status (60) semester credits or (90) quarter credits.
9. \_\_\_\_\_ Certificate of Agreement

**\*\* When all documents are received, your eligibility  
for available funding will be determined.**

**Deadlines:    July 1 - Fall  
                          Nov. 1 - Spring**

**Kickapoo Education Program: 1107 Goldfinch Rd. • Horton, Kansas 66439  
Phone: 785-486-2627 or 1-877-864-2822 • Fax 785-486-2801**

# KICKAPOO TRIBE IN KANSAS

## HIGHER EDUCATION GRANT APPLICATION

All information requested is voluntary, however, failure to fully complete all applicable parts may result in delays of processing this application or make it impossible to process at all.

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
*Last First Middle Maiden*

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
*Street City State Zip Code*

State of Residency: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

Home Agency & Address: \_\_\_\_\_

Name & Address of High School: \_\_\_\_\_

Type of High School:  BIA  Tribal  Private  Mission  Public  GED Graduation/GED Date: \_\_\_\_\_

APPLICATION REQUEST: 20 \_\_\_\_\_ 20 \_\_\_\_\_

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

Name & Address of College Selected: \_\_\_\_\_

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

Expected Degree:  AA  BA  BS  MA  Other \_\_\_\_\_

Year in College:  Freshman  Sophomore  Junior  Senior  Graduate

I will live:  On Campus  Off Campus  With Parents  Have you received a BIA Grant before?  Yes  No

If yes, what years? \_\_\_\_\_ Number of Semester Hours earned: \_\_\_\_\_ Quarter Hours: \_\_\_\_\_

**STATEMENT OF EDUCATION PURPOSE:** I declare that I will use any funds I receive under the Bureau of Indian Affairs Higher Education Grant Program solely for expenses connected with attendance at:

Name of Institution: \_\_\_\_\_

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 the necessary agencies to complete my financial aid package. I request that any BIA grant awarded me be mailed to me in care of the financial aid office of the institution. I will provide a copy of my grades or transcript to the Kickapoo Tribe in Kansas, Education Programs Coordinator, at the end of each academic term.

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

# KICKAPOO EDUCATION PROGRAM

1107 Goldfinch Rd.  
Horton, Kansas 66439  
1-877-864-2822 Fax: 785-486-3301

## CERTIFICATE OF AGREEMENT

I hereby acknowledge, that I have received funds to be allocated toward an educational program initiated by myself and approved through the application process for assistance under the Kickapoo Education Program. This assistance is available to members enrolled with the Kickapoo Tribe in Kansas. It is the goal of the Kickapoo Tribe in Kansas to educate its members and make this service available to everyone provided they remain in good standing.

This service includes; but is not limited to, College Classes, Workshops, Short Term Certification Programs and GED/Alternative H.S. Diploma Programs. Currently, Internet Classes are not classified under classroom training for payment assistance.

I understand that if I fail to complete the program without good cause, I am obligated to repay all funds received from this program in a timely manner. Repayment can be made through either one lump sum payment or through an approved repayment agreement. If I cannot make payment or defer from the approved repayment agreement, I agree to a voluntary release of per capita funds to cover repayment of the education funding.

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

(Please Print) Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

***KTIK Education Program Office Use  
Tribal Member Application Status:***

*Adult Education* \_\_\_\_\_

*Tribal Supplement* \_\_\_\_\_

*Vocational Education* \_\_\_\_\_

*Master's Program* \_\_\_\_\_

*Higher Education* \_\_\_\_\_

*Program Director* \_\_\_\_\_ *Date* \_\_\_\_\_

# FINANCIAL AID PACKAGE FORM

## TO BE COMPLETED BY THE STUDENT: PART I

Home Agency of Tribe \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Telephone

Years in College: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Marital Status: \_\_\_\_\_ No. Of Dependents: \_\_\_\_\_

Please send the necessary application for college administered financial aid. I give permission for the University to release financial and academic information to the Kickapoo Tribe. The Kickapoo Tribal Office will need financial aid information listed in Part II before any action will be taken on my application. When all the necessary information is on file in your office please complete and forward Part II or a similar form to:

**Kickapoo Tribe in Kansas**  
**Education Programs Director**  
**1107 Goldfinch Rd.**  
**Horton, KS 66439**  
**1-877-864-2822 • Fax: 1-785-486-3301**

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

### All students are required to apply for other sources of funding available through the Financial Aid Office

## TO BE COMPLETED BY THE FINANCIAL AID OFFICER: PART II

This student has applied to the Tribal BIA Higher Education Office. Verified financial information is requested through your office before action is taken on this application. We appreciate your assistance and would you complete and forward this form, or a like form, to the above address. Thank you for your assistance.

- ( ) Default Loans
- ( ) Student has not yet applied for financial aid. Need cannot be determined.
- ( ) Student applied late. Will not be considered for funding.
- ( ) Student's application is incomplete and cannot be considered.
- ( ) Funds exhausted at institution.
- ( ) Other \_\_\_\_\_

### **Tribal Application Deadlines**

July 1 - Fall  
Nov. 1 - Spring

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

BUDGET PERIOD - From \_\_\_\_\_ to \_\_\_\_\_ Which will start on (date) \_\_\_\_\_

### COLLEGE/UNIVERSITY BUDGET STUDENT RESOURCES AND INSTITUTION AWARDS

### LOANS

Tuition _____	Parental Contribution _____	Pell Grant _____	S.E.O.G. _____
Fees _____	Student/Spouse Contribution _____	C.W.S. _____	Perkins Loan _____
Room/Board _____	AFDC/Welfare _____	Voc. Rehab _____	Stafford Loan _____
Books _____	VA Benefits _____	Scholarship _____	
Travel _____	Social Sec. _____	Other _____	
Misc. _____	State Grants _____		
Other (Specify) _____	State Indian Scholarship _____		
	Scholarship _____		

Total Costs: \_\_\_\_\_

Total Resources: \_\_\_\_\_

Total Loans: \_\_\_\_\_

We recommend that Tribal/BIA consider awarding this student \$ \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
Financial Aid Officer Date Telephone

Name of College Address Zip

Our School is on: Semester System \_\_\_\_\_ Quarter System \_\_\_\_\_ Tri-Semester System \_\_\_\_\_

Copies: WHITE-KICKAPOO EDUCATION PROGRAM CANARY-FINANCIAL AID OFFICE

## **INSTRUCTIONS FOR BIA HIGHER EDUCATION APPLICATIONS**

It is very **IMPORTANT** that the following steps be followed in completing this application. Provide **ALL** of the information to the best of your knowledge, and have it properly signed.

Failure to complete the application may cause a delay in processing or no funding.

After the application has been properly completed and signed. **YOU MUST** complete Part 1 of the **REVERSE SIDE** of this instruction sheet and attach it to the college copy and mail it to the Financial Aid Office at the college of your choice.

All financial aid information and correspondence should be directed to the Program office identified below:

(AGENCY OR TRIBE FILL APPROPRIATE MAILING ADDRESS BELOW)

**Kickapoo Tribe in Kansas  
Education Programs' Director  
1107 Goldfinch Rd.  
Horton, KS 66439**

All students must reapply for each academic year and for each summer session.

### **PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT**

#### **GENERAL**

This information is provided pursuant to Public Law 93 - 579 (Privacy Act of 1974). December 31, 1974

#### **AUTHORITY**

The bureau of Indian Affairs, Office of Indian Education Programs, Higher Education Grant Program operates an educational system under the general authority of 25 U.S.C. 13. 42 Stat. 208, Public Law 67-86 with specific authority contained in 25 CFR Part 40. Administration of Educational Loans, Grants and other Assistance for Higher Education.

#### **PURPOSES AND USES**

In accordance with the accountability required for the 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.

#### **EFFECTS OF NONDISCLOSURE**

Although furnishing personal information to this office is purley voluntary, failure to supply complete and accurate information may preclude the applicant for eligibility in obtaining higher education grant assistance under this program.