

# **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. \_\_\_\_\_ A copy of the letter of Admission from the college you plan to attend.
4. \_\_\_\_\_ Freshman are required to submit SAT or ACT scores.
5. \_\_\_\_\_ A complete high school transcript/GED or a complete official college transcript.
6. \_\_\_\_\_ A degree evaluation for all students achieving Junior status (60) semester credits or (90) quarter credits.
7. \_\_\_\_\_ Certificate of Pay-back Agreement.
8. \_\_\_\_\_ Verification of Enrollment

**\*Financial aid forms are no longer a requirement to be funded\***

**\*\* WHEN ALL DOCUMENTS ARE RECEIVED YOUR ELIGIBILITY  
FOR AVAILABLE FUNDING WILL BE DETERMINED.\*\***

KickapooTribe in Kansas  
Education Program: 824 111th Drive. • Horton, Kansas 66439  
Phone: 785-486-3427 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: \_\_\_\_\_

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## VERIFICATION OF ENROLLMENT

This verification of enrollment is required before the student can receive their \_\_\_\_\_ Higher Education Scholarships and must be  
Semester and year \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT NAME

\_\_\_\_\_  
SSN/Student ID

Is currently enrolled \_\_\_\_\_ semester at:

\_\_\_\_\_  
Name and Address of College or University

Student is:

- A \_\_\_\_\_ HALF-TIME STUDENT - enrolled in less than twelve (12) Hours.
- B \_\_\_\_\_ FULL-TIME STUDENT - enrolled in twelve (12) hours or More.

I certify that the information provided above is accurate according to our admission records.

\_\_\_\_\_  
(Signature of Register/Admissions/Counselor)

\_\_\_\_\_  
Date Signed

This form must be stamped with SCHOOL SEAL.

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## 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* \_\_\_\_\_

## **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 Program Director  
824 111<sup>th</sup> Drive  
Horton, Kansas 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.