



Menominee Indian Tribe of Wisconsin
INDIAN GRANT APPLICATION

PO BOX 910, Keshena, WI 54135

PART I - TO BE COMPLETED BY APPLICANT

ACADEMIC YEAR:

Personal Information			
Last Name:	First Name:	Middle:	Maiden:
Mailing Address:		City	State
Social Security No:	Date of Birth:	Gender: Prefer Not To Answer <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/>	Email Address:
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>		No. of Dependents:	Telephone/Cell:
Parental Information			
Father's First and Last Name:	Tribe:	Mother's First and Maiden Name:	Tribe:
High School Information			
Name of High School Attended:	Type: Public <input type="checkbox"/> Private <input type="checkbox"/> BIA <input type="checkbox"/>	High School or GED Completion Date:	
College Information			
College Academic Level: Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/>	Expected College Enrollment Status: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Special <input type="checkbox"/>	Housing: On Campus <input type="checkbox"/> Off Campus <input type="checkbox"/> With Parents <input type="checkbox"/>	
Name of College you plan to attend:	Major/Program:	Expected College Graduation Date:	
Degree: AA <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> Other <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/>	Previous Colleges Attended:		
STUDENT STATEMENT – IMPORTANT – READ CAREFULLY:			
<ul style="list-style-type: none"> I certify that the information given by me on this form is true, correct, and complete to the best of my knowledge. I authorize the sharing of information on this form between MITW Education Office, the State and the college/university/school in order to complete my financial aid package. I authorize the school's financial aid office to provide the Education Office with my financial need analysis. I authorize the college/university/school to disclose my educational records to the Education Office. 			
Signature of Applicant:		Date:	
PART II: TO BE COMPLETED BY TRIBAL CERTIFYING OFFICIAL			
I hereby certify that the above named applicant is _____ degree _____ Indian blood according to available records.			
Eligible for BIA Services <input type="checkbox"/>	Ineligible for BIA Services <input type="checkbox"/>	Enrollment Number (ex: U00009999)	
Certifying Official Signature		Date	
PART III: TO BE COMPLETED BY FINANCIAL AID OFFICER			
Student: Dependent <input type="checkbox"/> Independent <input type="checkbox"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Fall Credits:	Spring Credits:
STUDENT EXPENSES		AWARDS	
Tuition & Fees	\$	Pell Grant	\$
Books & Supplies	\$	SEOG	\$
Room & Board	\$	Tuition Grant	\$
Personal Expenses	\$	WHEG	\$
Transportation	\$	Minority Ret. Grant	\$
Other	\$	College W/Study	\$
TOTAL EXPENSES	\$	Subsidized Loan	\$
RESOURCES		NOTES	
Student Contribution	\$	Unsub. Loan	\$
Parent Contribution	\$	Scholarship	\$
Veterans Benefits	\$	Other	\$
Other	\$	Other	\$
TOTAL RESOURCES	\$	Other	\$
ASSESSED NEED	\$	TOTAL AWARDS \$	
Signature of Financial Aid Officer		Date	Name of Institution
Address & Phone Number			
<input type="checkbox"/> Approved, distribute funds as indicated <input type="checkbox"/> Disapproved, Reason:			
			Form Updated: 03/25/24