



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	Zip
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		STATE INDIAN GRANT	
Tuition & Fees	\$	Pell Grant	\$	Fall Semester	\$
Books & Supplies	\$	SEOG	\$	Spring Semester	\$
Room & Board	\$	Tuition Grant	\$	BIA / Tribal Grant	
Personal Expenses	\$	WHEG	\$	Fall Semester	\$
Transportation	\$	Minority Ret. Grant	\$	Spring Semester	\$
Other	\$	College W/Study	\$	Summer Semester	\$
TOTAL EXPENSES	\$	Subsidized Loan	\$	NOTES	
RESOURCES		Unsub. Loan	\$		
Student Contribution	\$	Scholarship	\$		
Parent Contribution	\$	Other	\$		
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:					