

## STANDING ROCK TRIBAL DEPARTMENT OF EDUCATION SCHOLARSHIP PROGRAM

The Standing Rock Sioux Tribe's Scholarship Program assists with financial aid for eligible enrolled members of the Standing Rock Sioux Tribe seeking certificates, associate & bachelor degrees, and graduate degrees to pursue individual careers and to contribute to the advancement of the Standing Rock Sioux Tribe.

### ELIGIBILITY:

- Enrolled Member of the Standing Rock Sioux Tribe
- Accepted into an Accredited College/University/Vocational Training Program
- UNDERGRADUATE: Earned a High School Diploma or General Equivalency Diploma
- UNDERGRADUATE: Earned a cumulative 2.0 GPA
- GRADUATE: Earned a Bachelor's or Master's Degree
- GRADUATE: Earned a 2.5 GPA in most recently attended college/university

### AWARD AMOUNT:

- UNDERGRADUATE: Based on Need - Not To Exceed \$3,500 Per Semester or \$2,333 Per Quarter
- GRADUATE: Tuition up to \$500 Per Semester Credit Hour or \$335 Per Quarter Hour and,
  - Book Reimbursement up to \$500 per Semester or \$335 Per Quarter

### APPLICATION PROCEDURE:

- Complete and submit Application Form
- Complete and submit a typed Essay/Personal Goal Statement.
  - ALL APPLICANTS – The Essay/Personal Goal Statement should include information on the following: Academic Background; Employment and Non-Academic Experiences; Significant Accomplishments; How the degree/certificate being sought will contribute to your Career Goals/Long Term Goals.
  - GRADUATE APPLICANTS ONLY – How will Graduate School contribute to the advancement of the Standing Rock Sioux Tribe?
- FIRST TIME FRESHMAN: Provide Official High School transcript or General Equivalency Diploma
- Provide Official Transcript(s) from **ALL** Post-Secondary Institutions Attended
- Provide a Financial Needs Analysis
- Provide a Copy of Certificate of Degree of Indian Blood (CDIB)
- Provide a Copy of Letter of Acceptance from College/University of Attendance
- Provide three (3) Letters of Recommendation – These letters should describe your abilities, your preparation for post-secondary education, and your commitment to obtain a degree or certificate.
- UNDERGRADUATE: Provide a copy of Degree Plan/Program of Study.
- GRADUATE: Provide a copy of Degree Plan/Program of Study that includes a graduation date and complete listing of all courses to be completed (Name of Course, Course Number, Number of Credits, and Term Course will be taken.)

### PRIORITY SUBMISSION DATES:

- UNDERGRADUATE
  - SEMESTER BASED: Fall Term - June 30<sup>th</sup>, Spring Term - November 30<sup>th</sup>, Summer Term - April 30<sup>th</sup>
  - QUARTER BASED: Fall Term - September 1<sup>st</sup>, Winter Term - December 1<sup>st</sup>, Spring Term - March 1<sup>st</sup>, Summer Term - June 1<sup>st</sup>
  - CERTIFICATE: Thirty (30) days prior to the beginning of the first term of Program
- GRADUATE – Four (4) to Six (6) weeks prior to the beginning of the first term of Program

### SUBMIT COMPLETED APPLICATION TO:

Standing Rock Tribal Department of Education  
PO Box D  
Fort Yates, ND 58538

### ADDITIONAL INFORMATION:

**Director** Ph: (701)-854-7525 or 8545  
Email: ejblueearth@standingrock.org  
**Scholarship Manager** Ph: (701)-854-8545 or 8546  
Email: cironeyes@standingrock.org

## STANDING ROCK TRIBAL DEPARTMENT OF EDUCATION SCHOLARSHIP APPLICATION

CERTIFICATE
  UNDERGRADUATE – SEMESTER BASED
  UNDERGRADUATE – QUARTER BASED
  GRADUATE

Last Name, \_\_\_\_\_ First Name, \_\_\_\_\_ (Other Names) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex M F

Other Names Used \_\_\_\_\_ Email Address\* *Applicants will be contacted primarily by email.* \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Tribal Enrollment No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Present or Most Recent Employer \_\_\_\_\_ Position \_\_\_\_\_ Dates of Employment \_\_\_\_\_

### ACADEMIC RECORD

\_\_\_\_\_ Date of High School or General Equivalency Diploma \_\_\_\_\_  
 Name and Address of High School Attended, \_\_\_\_\_  
 or State where General Equivalency Diploma was Received \_\_\_\_\_

Colleges Attended:

College Attended	Degree Earned	Dates of Attendance	Date of Degree Earned
College Attended	Degree Earned	Dates of Attendance	Date of Degree Earned
College Attended	Degree Earned	Dates of Attendance	Date of Degree Earned

### DEGREE PLAN

Current College \_\_\_\_\_ Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_  
 Degree Being Sought \_\_\_\_\_ Major/Area of Specialization \_\_\_\_\_ Date of Acceptance Letter \_\_\_\_\_  
 Anticipated Graduation Date \_\_\_\_\_ Academic Year Application is Being Made \_\_\_\_\_

Have You Ever Received Funding Through the Tribal Scholarship Program?  NO  YES, Dates of funding: \_\_\_\_\_

Other Financial Aid Being Provided to You: \_\_\_\_\_  
 \_\_\_\_\_  
 Name of Aid (Scholarship) \_\_\_\_\_ Amount \_\_\_\_\_

*I have reviewed this information and certify that everything above is correct, to the best of my knowledge*

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

# Standing Rock Scholarship Budget

Applicant will complete only Sections 1A and 1B. The student will then submit the form to the financial aid office at the school they will attend. The financial aid office will complete the remainder of the form (Section 1C, Section 2 and Section 3) and return it to the Standing Rock Tribal Department of Education at the provided address.

<b>Section 1</b>	<b>Name and Address of Student:</b> _____ _____ _____ Social Security # _____ Student ID # _____ Year in College _____ Degree/Major _____	<b>Name and Address of College:</b> _____ _____ _____ _____							
	Section 1A Section 1B Section 1C	If budget cannot be completed, please indicate reason: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50px; border: 1px solid black;"> </td> <td style="border: 1px solid black;">Did not complete FAFSA</td> </tr> <tr> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;">Must verify information on FAFSA</td> </tr> <tr> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;">Not eligible for Pell due to _____</td> </tr> <tr> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;">Other _____</td> </tr> </table>		Did not complete FAFSA		Must verify information on FAFSA		Not eligible for Pell due to _____	
	Did not complete FAFSA								
	Must verify information on FAFSA								
	Not eligible for Pell due to _____								
	Other _____								
<b>Section 2</b>	<b>BUDGET FOR ACADEMIC YEAR</b>				<b>Costs paid directly to school:</b>				
	<b>Expenses</b>	Fall	Winter	Spring	Summer	Total	Tuition		
							Fees (additional charges may apply)		
							Books and Supplies		
						Housing/Dorm Fees			
						<b>Costs student is responsible for:</b>			
<b>Resources</b>						Transportation to College			
						Rent Expense			
						Food Expense			
						Personal Expenses			
						Dependent Care <b>(Must Document Need)</b>			
<b>Need</b>						Other _____			
						<b>TOTAL Budget for Student during School Year</b>			
						<b>Student Resources</b>			
						Effective Family Contribution			
						Federal Pell Grant			
<b>Need</b>						SRST Scholarship			
						Campus based scholarship			
						SEOG			
						Tuition Waiver			
						State Scholarship			
<b>Section 3</b>	Printed Name and Title of Person completing this form: _____				Address where scholarship award should be sent:				
	Signature _____				_____				
Date _____				_____					

**STANDING ROCK TRIBAL DEPARTMENT OF EDUCATION  
SCHOLARSHIP PROGRAM**

**RELEASE OF INFORMATION**

STANDING ROCK TRIBAL DEPARTMENT OF EDUCATION  
SCHOLARSHIP PROGRAM  
PO Box D  
Fort Yates ND 58538  
(701)854-8545

During the academic terms that I am a recipient of financial aid from the Standing Rock Scholarship Program, I authorize the release of information relevant to my attendance at:

Name and Address of Attending Institution \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please initial:

\_\_\_\_\_ Any information pertinent to my academic performance, including but not limited to: grade reports or official transcripts; attendance records; and document related to my utilization of campus resources for academic assistance.

\_\_\_\_\_ Any information pertinent to my financial aid status with the school, including but not limited to: amount of federal student aid I qualified for; financial aid status; and other financial aid that I have been awarded.

My signature on this form authorizes the Standing Rock Tribal Department of Education to obtain the aforementioned information.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_