

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 30th, Spring Term - November 30th, Summer Term - April 30th
 - QUARTER BASED: Fall Term - September 1st, Winter Term - December 1st, Spring Term - March 1st, Summer Term - June 1st
 - 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:

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**

M F

Last Name, First Name, (Other Names) Date of Birth Sex

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

Name and Address of High School Attended, Date of High School or General Equivalency Diploma
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.

Section 1	Name and Address of Student: <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	Section 1B	Name and Address of College: <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>
	Section 1A Social Security # _____ Student ID # _____ Year in College _____ Degree/Major _____	Section 1C If budget cannot be completed, please indicate reason: <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> Did not complete FAFSA <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> Must verify information on FAFSA <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> Not eligible for Pell due to _____ <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> Other _____	

Section 2	Expenses	BUDGET FOR ACADEMIC YEAR				
		Fall	Winter	Spring	Summer	Total
Resources	Fall	Winter	Spring	Summer	Total	
Need	Fall	Winter	Spring	Summer	Total	

Costs paid directly to school: Tuition Fees (additional charges may apply) Books and Supplies Housing/Dorm Fees	Costs student is responsible for: Transportation to College Rent Expense Food Expense Personal Expenses Dependent Care (Must Document Need) Other _____
TOTAL Budget for Student during School Year	

Student Resources <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> Student Aid Index (SAI) <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> Federal Pell Grant <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> SRST Scholarship Campus <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> based scholarship SEOG <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> Tuition Waiver <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> State Scholarship <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> Other <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> Other	TOTAL Student Resources
Unmet Financial Need	

Section 3	Printed Name and Title of Person completing this form: _____ _____ _____ Signature _____ Date _____	Address where scholarship award should be sent: _____ _____ _____ _____
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Please return completed form to: Standing Rock Tribal Department of Education, PO Box D, Fort Yates ND 58538 or FAX 701-854-2175 or via email to cironeyes@standingrock.org

**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: _____