

Sac and Fox Nation of Missouri In Kansas and Nebraska

Tribal Programs * Tribal Museum

305 North Main Street * Reserve, KS 66434 Phone (785) 742-0053 ext. 21 * Fax: (785) 742-7307

APPLICATION REQUIREMENTS FOR HIGHER EDUCATION

- 1. Completed application. Must have all the blanks filled in. Complete the first page and top portion only of the second page of the attached application form. Please Print legibly.
- 2. Personal Letter. Your personal letter must be written in ink. Wherein stating why you have chosen this particular field and your objectives after completion.

Address you letter to:

Sac and Fox Nation of Missouri 305 N. Main Reserve, KS 66434

- 3. A copy of your letter of acceptance from your school of choice.
- 4. A complete High School Transcript/GED or Unofficial College Transcript if you have previously attended college or technical school.
- 5. A certificate of Degree of Indian Blood a copy of Tribal identification or Certification of Enrollment form as issued by the Tribe.
- 6. Freshmen are required to submit SAT or ACT scores.
- 7. Class schedule showing you are taking 12 credit hours or more.
- 8. If attending an institution where credit hours are not used, please obtain a letter from the school stating you are a full-time or part-time student.
- 9. If you have been previously awarded a scholarship through the tribe, and are re-applying, please enclose the final grades of the semester, in which you were funded.
- 10. Copy of submitted FAFSA or PELL grant and results from the institution.

Sac and Fox Nation of Missouri in Kansas and Nebraska Higher Education 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.

GENERAL INFORMATION:					
Name:					y No
Last	First	M.I.	Maide	en	
Address:	Street			Telephone #:	
	Silvet				
City		State	Zip Code		
Email Address:					_
Date of Birth:	Sex	Marital Status:	Single	Married	_Divorced Separated
No. of Dependents	Veteran	:Yes	No	State of Residen	cy:
HIGH SCHOOL INFORMATIO	<u> </u>				
Type of High School: BIA	Tribal	Private	Mission	Public	_GED
Graduation/GED Date					
SCHOOL INFORMATION:					
APPLICATION REQUEST: 20_					
Academic Term:Spring		nmer Acader	nic Status:	Full-time Pa	art-time
Name of College/Institution:					
Address of College/Institution:					
		City		State	Zip Code
College/Institution Major/Field of					
Expected Graduation Date:		Expecte	d Degree	_AABA	BS MA
Other:					
Year in College:Freshman	Sophomor	e Junior _	Senior _	Graduate	
I will live: On-Campus	Off-Campus	With Parents	On Ov	wn	
Have you ever received Tribal Edu	acation Awards bef	fore:Yes _	No		
If yes, what years:					
Number of Semester Hours Earned	d:				
Quarter Hours:					
STATEMENT OF EDUCATION Higher Education Program solely				ve under the Sac an	nd Fox Nation of Missouri's
Name of College/Institution:	•				

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I hereby certify that the information on the previous page is true and correct to the best of my known information to the necessary agencies to complete my financial assistance. I request that any Educ mailed to me in care of the financial aid office of the institution. I will provide a copy of my grade Education Department at the end of each academic term.	ation Assistance awarded to me be
Signature of Student:	_Date: