



Oglala Sioux Tribe
Higher Education Grant Program
P.O. Box 562
Pine Ridge, SD 57770-0562
(605)867-5338 * 1-800-832-3651 * Fax: (605)867-1390
Email: highered@gwtc.net



INSTRUCTIONS FOR ALL APPLICANTS
(PLEASE FOLLOW ALL INSTRUCTIONS CAREFULLY TO ELIMINATE DELAYS)

- *All awards are based on first come first serve; your file must be complete before review.
- *Awards are contingent upon academic progress, financial need and availability of funds.

- _____ **APPLICATION FORM** – to be completed by the applicant.
- _____ **CERTIFICATE OF INDIAN BLOOD DEGREE** – showing that you are an “enrolled” member of the Oglala Sioux Tribe or a federally recognized Tribe.
- _____ **FINANCIAL AID NEEDS ANALYSIS FORM** – **Part 1** – applicant will complete the top portion of this form. **Part 2** - must be completed by your institutions financial aid office then returned to the OST Higher Education office. This form is the 3rd page of this packet.
- _____ **OFFICIAL COLLEGE TRANSCRIPT(S)** – for continuing and former students that have **received** an OST Higher Education Grant award.

FOLLOW UP ON ALL OF YOUR PAPERWORK – it is your responsibility to ensure all necessary documents are submitted by the deadline date to complete your file.

Notify the Higher Education office of any changes, i.e., prior to transferring to another college.

*******DEADLINE DATES*******

JUNE 15th – ACADEMIC YEAR (includes Fall & Winter Quarters; Fall Trimester)

NOVEMBER 15th – SPRING TERM ONLY (includes Spring Quarter; Spring Trimester)

APRIL 1st – ALL SUMMER SESSIONS

ALL FILES MUST BE COMPLETE BEFORE REVIEW, applicants must also meet all other eligibility criteria.



O.S.T. Higher Education Grant Application

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*** APPLICANT INFORMATION ***

Please complete entire application

APPLICATION FOR:

☐ Academic Year 20____ to 20____
(August - May)

☐ Fall Only 20____

☐ Spring Only 20____

Last Name	First Name	MI	Maiden	SSN
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Mailing Address	City	State/Zip	Telephone	E-mail Address
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Home Address	City	State/Zip	Telephone
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High School or GED Graduation Date & Where: _____

Have you ever applied for a Higher Education Grant: ☐ Y ☐ N If yes, when: _____

College/University attending: _____ ☐ 2 Yr. College ☐ 4 Yr. College

Address: _____

City/State/Zip: _____ Telephone: _____

Academic Level:	____ 1-32 Hrs.	____ 33-64 Hrs.	____ 65-97 Hrs.	____ 98+ Hrs.	____ Graduate
(Year in College)	Freshman	Sophomore	Junior	Senior	Studies

College Major: _____ Expected Graduation Date: _____

Type of Degree you plan to receive: ☐ Associate Degree ☐ Bachelor Degree ☐ Graduate Degree

Statement of Certification and Consent for RELEASE OF INFORMATION

I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to necessary agencies to complete my file. I understand that any grant awarded to me will be in care of the financial aid office at the college/university.

I will ensure that my Official College Transcript(s) are submitted from the College Registrar's Office by the established deadline date, to the O.S.T. Higher Education Grant Program at the end of each term I receive a grant award. I declare that I will use any funds I receive under the OST Higher Education Grant Program solely for expenses connected with attendance at this college/university.

Applicant Signature _____

Date _____



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*PART 1 - APPLICANT INFORMATION *

For: ☐ Academic Year 20____ to 20____
(August – May) ☐ Fall Only 20____ ☐ Spring Only 20____

Last Name First Name MI Maiden SSN

Mailing Address City State/Zip Telephone E-mail

Home Address City State/Zip Telephone

Statement of Certification and Consent for RELEASE OF INFORMATION

I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to necessary agencies to complete my financial aid package.

Signature

Date

PART 2 - TO BE COMPLETED BY THE FINANCIAL AID ADMINISTRATOR

College/University: Telephone:

Address: City/State/Zip:

☐ Community College

☐ 2 Yr. Institution

☐ 4 Yr. Institution

PLEASE INDICATE SEMESTER OR QUARTER TERMS AND THE BUDGET PERIOD:

Budget Period from 20____ to 20____ ☐ Academic Year (Semester Terms)

☐ Fall only (Semester Term)

☐ Spring only (Semester Term)

☐ Quarter Terms ___ Fall ___ Winter ___ Spring

Attendance Cost Budget:

Tuition \$ _____
All Fees \$ _____
Books/Supplies \$ _____
Room/Board \$ _____
Transportation \$ _____
Personal Care \$ _____
Child Care \$ _____
Misc. Expense \$ _____
Other \$ _____

Resources & Other Aid:

Parent Contribution \$ _____
Student Contribution \$ _____
Tuition Waiver \$ _____
Veteran Assistance \$ _____
Voc. Rehab. \$ _____
Student Incentive Grant \$ _____
College/University Scholarship \$ _____
Direct Tribal Assist. \$ _____
Other \$ _____

Federal Aid:

F.W.S. \$ _____
PELL Grant \$ _____
Perkins \$ _____
Plus Loan \$ _____
F.S.E.O.G. \$ _____
Stafford Loan \$ _____
Stafford UnSub. \$ _____
College/University Loan \$ _____
S.L.S. \$ _____

Total Cost: \$ _____

Total Resources & Aid: \$ _____

Total Federal Aid: \$ _____

The applicant's unmet need shall be determined by subtracting the total resources and total federal aid from the cost of attendance.

1) This applicant has a financial aid need at this institution: _____ Yes _____ No

2) Recommendation for OST Grant Award amount: \$ _____

Ineligible for PELL due to: _____

Signature of Financial Aid Administrator

Date