


GIKENDAASOWIN
LAC DU FLAMBEAU TRIBAL HIGHER EDUCATION OFFICE
 Education Director 715-588-7543 Administrative Assistant 715-588-7925
 P.O. Box 189, Lac du Flambeau, WI 54538
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UNDERGRADUATE ASSISTANCE GUIDELINES

1. Applicants must be enrolled tribal members.
2. Scholarships are available for part-time students taking 8 credits or less and full-time students who are not eligible for funding through the Higher Education Program. The maximum award, per semester, for both full and part-time scholarships, is \$1,500.00.

PLEASE TAKE NOTICE:

A. To maintain eligible for Undergraduate Assistance funding, every student must maintain a 2.0 grade point average (GPA). If a student fails to achieve a 2.0 GPA, he/she has one semester of probation to raise his/her GPA. If a student fails to raise his/her GPA during that probationary semester, he/she will be terminated from the program and ineligible to apply for scholarship funding until he/she completes a semester of school on his/her own and achieves a 2.0 GPA or better.

B. Every student must sign a payback agreement to receive funding from the Undergraduate Assistance Program. The agreement requires students to repay the program if they fail to complete the course(s) they have enrolled in, for any non-medical reason. Repayment is mandatory before further funding can be received from the program.

3. Part-time scholarships pay the actual cost of books and tuition, up to \$1,500 per semester.
4. Full-time students must apply for all forms of financial aid available by completing a Federal Application on line at www.fafsa.ed.gov. Your financial aid office and/or the Education Office will assist with completing applications on line.
5. Students seeking full-time funding through the Undergraduate Assistance program must be denied Higher Education funding due to income or student loan default. Full-time scholarships are paid directly to the financial aid or cashier's office of the institution.

6. The following items need to be on file before an applicant can receive a part-time scholarship through the Undergraduate Assistance Program:

| | | |
|------------------------------|--------------------------------|--|
| Indian Scholarship App | Student Acknowledgement form | |
| Payback Agreement | Grades, HS trans, GED/HSED | |
| Student Education Plan (SEP) | Official Class Schedule | |
| Release of Information | Tuition Invoice/bill, Receipts | |

Call the Education office if you cannot pay for your books. Some schools will make arrangements for third-party billing.

7. The following items need to be on file before an applicant can receive a full-time scholarship:

| | | |
|------------------------------|----------------------------|------------------------------------|
| Indian Scholarship App | Letter of Acceptance | Official Class Schedule |
| Student Education Plan (SEP) | Grades, HS trans, GED/HSED | Indian Grant Financial Review Form |
| Release of Information | Student Aid Report (FAFSA) | Payback Agreement |
| Student Acknowledgement form | Financial Award Letter | |

8. Summer school funding is available on a case-by-case basis. Priority will be given to summer students who need the courses offered to graduate on-time.

Contact the Education office if you have any questions regarding these program guidelines.

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Checklist for Undergraduate Assistance (FULL and PART TIME Students)
 (circle)

| <i>Forms Provided By LDFHE</i> | <i>Provided by Other</i> | <i>Required Documents you must submit to the LDF Higher Education office</i> Full Time: # 1, through # 12 Part Time: # 1, 2, 3, 4, 5, 7, and 11 | <i>Documents Received are checked</i> |
|--------------------------------|--------------------------|---|---------------------------------------|
| √ | | 1. Indian Scholarship Application* (ISA) | () |
| √ | | 2. Payback Agreement* | () |
| √ | | 3. Student Education Plan (SEP)* | () |
| √ | | 4. Release of Information/Student Acknowledgement form* | () |
| | √ | 5. Letter of Acceptance from the academic institution ♪ | () |
| | √ | 6. High school transcripts, GED or HSED certificate ♪ | () |
| | √ | 7. Grade report of last scholarship awarded period for continuing students ~ | () |
| | √ | 8. FAFSA Student Aid Report (SAR)* | () |
| | √ | 9. Financial Aid Award letter from academic institution* | () |
| | √ | 10. Official class schedule, directly from the academic institution ~ | () |
| √ | | 11. Indian Grant Financial Review Form (Education Office)* | () |
| | √ | 12. Tuition Bill, Invoice, Receipts ~ | () |

All items must be on file with the Education Office prior to any fund disbursement. The items listed with () are required every year. The items listed as (~) are required at the end of each grading period (semester or quarter). The items listed with (♪) is only once.*

The deadline for LDF Higher Education Indian Scholarship is August 1st. FAFSA (free application for federal student aid) must be completed by February or March to be considered for fall semester.

OFFICE USE ONLY

| | |
|---------------------------|-----------------------|
| <i>CONTINUING STUDENT</i> | <i>SEMESTER</i> _____ |
| 1. Official Schedule | () |
| 2. Grade Report | () |
| 3. GPA Score | _____ |
| <i>Notes:</i> | |



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INDIAN SCHOLARSHIP APPLICATION

PART I – TO BE COMPLETED BY APPLICANT

ACEDMIC YEAR:

| | | | | |
|-------------------|----------------------------|-------------|--|---------------|
| SOCIAL SECURITY # | LAST NAME , MI, FIRST NAME | MAIDEN NAME | SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> | DATE OF BIRTH |
| | | | # OF DEPENDENTS _____ | |

| | |
|--|--------------------|
| PERMANENT PHYSICAL HOME ADDRESS, STREET, CITY, TOWN, STATE, ZIP CODE | TELEPHONE NUMBERS |
| | HOME _____ |
| | WORK/MESSAGE _____ |
| P O BOX NUMBER _____ EMAIL ADDRESS _____ | CELL _____ |

| | | |
|---|---|---|
| WHICH DIPLOMA /CERTIFICATE DID YOU EARN | NAME AND STATE OF GRADUATING INSTITUTE | DATE OF GRADUATION OR COMPLETED HSED/GED: |
| HIGH SCHOOL DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> HSED <input type="checkbox"/> | PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> BIA <input type="checkbox"/> | |

| | |
|---|--|
| NAME & ADDRESS OF COLLEGE/UNIVERSITY YOU WILL ATTEND: | WHAT WILL YOU BE CONSIDERED WHILE ATTENDING COLLEGE THIS YR |
| | FRESHMAN <input type="checkbox"/> JUNIOR <input type="checkbox"/> GRADUATE <input type="checkbox"/> SOPHMORE <input type="checkbox"/> SENIOR <input type="checkbox"/> |
| | WILL YOU LIVE: ON CAMPUS <input type="checkbox"/> OFF CAMPUS <input type="checkbox"/> WITH PARENTS <input type="checkbox"/> |

| | |
|---|--|
| NAME OF YOUR MAJOR/MINOR AND/OR PROGRAM ENROLLED IN | YEAR YOU EXPECT TO EARN DEGREE |
| | AA <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> OTHER <input type="checkbox"/> GRADUATION DATE _____ |

| | |
|---|---|
| LIST OF COLLEGES YOU ATTENDED IN THE PAST AND DATES | DURING THE SCHOOL YEAR IN WHICH YOU ARE APPLYING, WILL YOU BE CONSIDERED: |
| | NEW STUDENT <input type="checkbox"/> PART TIME <input type="checkbox"/> CONTINUING STUDENT <input type="checkbox"/> FULL TIME <input type="checkbox"/> RE – ENTRY <input type="checkbox"/> SPECIAL <input type="checkbox"/> |

| | | |
|---------------------|--------------|---------------------|
| TRIBAL AFFILIATION: | RESERVATION: | STATE OF RESIDENCY: |
|---------------------|--------------|---------------------|

FOR ENROLLMENT CERTIFICATION PURPOSES

| | |
|---------------------------|-------------------|
| PROVIDE YOUR FATHERS NAME | TRIBE/RESERVATION |
| PROVIDE YOUR MOTHERS NAME | TRIBE/RESERVATION |

STUDENT STATEMENT OF CERTIFICATION - IMPORTANT - READ CAREFULLY

I declare that the information given by me on this form is true, correct and complete to the best of my knowledge, and that if granted assistance I will use it only for educational expenses and purposes and agree that this information may be shared between the Bureau of Indian Affairs, Tribe, State and the institution. I further agree that I will contact the financial aid office of the institution I have selected and will apply for financial aid available to me. I request the financial aid office notify the BIA-State-Tribe of my financial need and authorize any school I am attending to release a copy of my transcript to the BIA-State-Tribe at the end of each academic period. I request that any Bureau scholarship funds awarded me be mailed to me in care of the financial aid or business office at the institution I attend.

| | |
|--------------------------|--------------------|
| STUDENT SIGNS HERE _____ | TODAY'S DATE _____ |
|--------------------------|--------------------|

PART II – TO BE COMPLETED BY BUREAU OF INDIAN AFFAIRS TRIBAL CERTIFYING OFFICIAL

I HEREBY CERTIFY THAT THE ABOVE NAMED STUDENT IS _____ DEGREE _____ INDIAN BLOOD ACCORDING TO AVAILABLE RECORDS. THEREFORE THE STUDENT IS: _____ ELIGIBLE FOR BIA SERVICES _____ INELIGIBLE FOR BIA SERVICES

| | |
|-------------------------------------|--------------------|
| CERTIFYING OFFICIAL SIGNATURE _____ | TODAY'S DATE _____ |
|-------------------------------------|--------------------|

EXCEPTION STATEMENT

THIS IS TO CERIFY THAT THE STUDENT NAMED ABOVE IS UNABLE TO CERTIFY AT LEAST ONE-QUARTER INDIAN BLOOD BY AN APPROPRIATE INDIAN AGENCY, THEREFORE:
 WILL BE RECOGNIZED AS A MEMBER OF THE _____ TRIBE FOR THE PURPOSES OF THE STATE OF WISCONSIN INDIAN ASSISTANCE PROGRAM.

| | |
|---|--------------------|
| LAC DU FLAMBEAU TRIBAL CHAIR/EDUCATION COMMITTEE MEMBER SIGNATURE _____ | TODAY'S DATE _____ |
|---|--------------------|

Payback Agreement

This agreement is binding for one ACADEMIC SCHOOL YEAR: _____

I, _____ agree to repay the Undergraduate Assistance Program for my tuition and book cost, if I fail to complete a course for any non-medical reason.

Failure to complete a course is described as follows:

A student fails to attend and receives a failing grade,
A student fails the course with an F or
A student drops out of a course for any non-medical reason

If there is medical reason for withdrawing from a course, I will:

- Contact my college immediately and find out what documentation I am required to submit for medical withdrawal.
- I will also submit copies of this documentation to the Education Office.

I further agree that it is my responsibility as a student to make arrangements with my instructor, if I am having difficulty attending class for any reason.

I understand that I may request an incomplete grade for the semester, and complete the work, in an agreement between myself and instructor, after the semester has ended.

An incomplete course agreement can only be given by an instructor.

- If I fail to make arrangements with my instructor to receive an incomplete I will be responsible for repaying the tuition and books paid on my behalf for my course(s) which may include per capita deductions.
- I will submit a copy of any incomplete agreement I make with an instructor to the Education Office.

*****By signing this document, I agree to the terms and conditions herein.**

STUDENT SIGNATURE

DATE

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STUDENT EDUCATION PLAN (SEP)

PURPOSE

To identify all remaining courses required to obtain your college degree. Set up an appointment with your student advisor at the institution you are attending; **a student adviser signature is required.** Failure to do so will result in delayed funding. You are restricted to taking the courses needed to complete your graduation requirements. Please keep a copy of your SEP for future reference. Return original to the LDF Higher Education office.

> > > >
 Last Name First Name Email Address Social Security Number

> >
 Name of Institution Major Program Minor Program

> > > >
 Total Credits to Date Credits Needed to Graduate Expected Date of Graduation Expected Degree to be Earned
 (i.e.) AA, AAS, BA, BS, MA, TECH, ect.)

LIST ALL CLASSES REQUIRED FOR GRADUATION

| FALL QUARTER 1 ST SEMESTER | WINTER QUARTER | SPRING QUARTER 2 ND SEMESTER | SUMMER QUARTER |
|--|----------------|--|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

UNDERSTANDING OF STUDENT EDUCATION PLAN (STUDENT)

I have read the LDF Higher Education, Graduate, Undergraduate, Job Placement and Training Guidelines and I agree to abide by the regulations set forth as prescribed. Further, I give permission to my institution student advisor to share with the LDF Higher Education, all information pertaining to my class scheduling. I also do hereby give permission to the LDF Higher Education to obtain information from all other sources relating to this SEP. I declare that the information given by me in this SEP is true, current and complete to the best of my knowledge.

_____ DATE
 SIGNATURE OF STUDENT

VERIFICATION BY STUDENT ADVISOR (STUDENTS: DO NOT WRITE BELOW THIS LINE)

I have reviewed the SEP with the student and I confirm that the course requirements that are listed meet graduation requirements of this educational institution, within a reasonable time frame.

_____/_____/_____/_____
 ACADEMIC ADVISOR SIGNATURE Phone # Email DATE

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STUDENT ACKNOWLEDGEMENT and RELEASE OF INFORMATION

I, _____, _____, _____, _____, _____, _____, _____,
Print Student name PO & Street, City Zip DOB SS#

have read, understand, and agree to abide by program guidelines stipulated in the Lac du Flambeau Higher Education Guidelines for the program which I am a participant:

Please Check program: Graduate Higher Education
 Direct Employment Undergraduate Job Placement and Training

I understand that should my academic performance be less than the minimum requirements stated, I risk academic probation and/or up to a complete payback of tuition and/or tribal scholarship based on the Lac du Flambeau Higher Education program guidelines. I agree to submit my official grades and/or transcripts to the LDF Education office at the end of the academic semester or quarter for which I received a tribal scholarship.

I agree to take full responsibility for my academic achievements and progress, as well as all costs incurred relating to my academics which may exceed what is awarded to me in my tribal scholarship issued by Lac du Flambeau Higher Education Office.

Furthermore; I agree to meet with an academic advisor to discuss my Student Educational Plans (SEP) and I agree to return the completed SEP form to the LDF Education office. Failure to participate in this SEP will result in delayed scholarship grant or no scholarship grant.

LIMITATIONS

I authorize the Lac du Flambeau Higher Education office to release, disclose, obtain from, and/or exchange information and documents pertaining to my education with the following institution:

Academic Institution Information: _____ (notes)

_____/_____
Name of School Phone #

_____/_____/_____
Address City Zip

_____/_____/_____/_____
Student/Participants Signature telephone Email Date

I consent to Release of Information, name, photo, GPA, and testimonial for promotional purposes. **Y N**
(Circle) _____
(Initial)