



NORTHWESTERN BAND OF THE SHOSHONE NATION
HIGHER EDUCATION GRANT APPLICATION
CONTINUING STUDENT

Name: _____
 First Middle Last

Phone: _____
 Include Area Code

Address: _____
 Street or PO Box

 City State Zip Code

Date of Birth: _____ Sex: _____ Marital Status: _____ No. of Dependents: _____
 Mo/Day/Yr

Name of School: _____

Address: _____

Course of Study: _____

Starting Date: _____

When do you expect to complete the program? _____

Have you applied for Tribal funds before? Yes No

If yes, how many quarters did the Tribe provided funds for you? _____

Please complete the information on Page 2. Please provide the financial aid package developed at the institution you expect to attend. We will need this information to determine the amount of Tribal funds you will be eligible for.

If it is determined that you are eligible for funding from the Tribe, we will advise you about other requirements for continued funding.

Signature of Applicant: _____ Date: _____

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Student Name: _____

Social Security No. _____

Phone: _____

Address: _____

Name of School: _____

Address: _____

Phone: _____

To be completed by school Financial Aid Officer

The above student has applied for funding from the Northwestern Band of the Shoshone Nation. In order to process this application we will need the students Financial Aid Information and Class schedule. Your assistance in this matter will be greatly appreciated.

Budget Period: From _____ to _____

Starting Date: _____

Student is considered: Independent ____ Dependent ____

Applicable income reported for prior tax period \$ _____

Sources of Funds

Parental Contribution _____

Student Contribution _____

Spouse Contribution _____

VABenefits _____

Soc. Sec. Benefits _____

AFDC _____

State Grants _____

I.H.S. Scholarships _____

SEOG _____

PELL Grant _____

NDSL _____

CWS _____

Scholarship _____

Vocational Rehab. _____

Other _____

TOTAL _____

Student Loan _____

Actual Costs

Tuition _____

Fees _____

Books _____

Materials _____

Room _____

Board _____

Travel _____

Miscellaneous _____

TOTAL COST _____

Signature of Financial Aid Officer

Date: _____

Tribal Contribution \$ _____

_____ %