


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
E-mail: ldfedu@ldftribe.com Fax 715-588-9063
HIGHER EDUCATION GUIDELINES

1. Applicants must be enrolled or eligible for enrollment in the Lac du Flambeau Band of Lake Superior Chippewa Indians.
2. Applicants must be accepted for enrollment at an accredited institution of higher education.
3. Funding is available for undergraduates, with a limited amount of funding available for graduate students.
4. The following students will receive priority:
 - ◆ full-time students (12 or more credit hours)
 - ◆ continuing students
 - ◆ submission of complete documentation listed on the check list
5. Eligible students may receive up to ten (10) semesters of funding for full-time attendance at a four-year college and up to five (5) semesters of funding at a two-year junior college. Eligible graduate students may receive up to four (4) semesters of funding.
6. All students and their families are expected to contribute toward the cost of the student's education. Student and family contributions are established for the student by the institution he/she is attending. The dollar amount of a student's grant is not determined at the tribal level.
7. Tribal funds are to be supplemental to all other grant funds available. The Higher Education Grant is not intended to pay the total cost of a student's education.
8. The maximum funding per student, during a nine (9) month school year is \$3,000.00. This amount may be less depending upon individual circumstances and availability of funds.
9. Students are required to pay back Higher Education grant funds if they withdraw or drop out of school during a given period. The following is a repayment schedule for dropouts during the following time frame:
 - ◆ Week one 100% of repayment
 - ◆ Week two 80% of repayment
 - ◆ Week three 60% of repayment
 - ◆ Week four 40% of repayment

If a student has missed 50% or more of his/her classes during the first six (6) weeks and the school requests they withdraw for attendance reasons, the student must repay 40% of his/her Higher Education grant. Documentation will be obtained from the school to justify this request before any action is taken.

10. Continued funding is contingent on maintaining a grade point average of 2.0 ("C" average) or better and by completing the number of credits the student was funded for.

PLEASE NOTE:

11. Grade reports and the next semester's course schedule must be sent to the Education Office at the close of each grading period. No funding will be disbursed for a new semester until copies of the student's grades and course schedule are on file.
12. The services of the Education Office offer limited assistance to students who are non-tribal members.


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CHECKLIST FOR THE HIGHER EDUCATION PROGRAM
SEMESTER

<i>Provided By LDFHE</i>	<i>Provided by Other</i>	<i>Required Documents you must submit to the LDF Higher Education office</i>	<i>Documents Received</i>
√		1. Indian Scholarship Application*	()
√		2. Student Education Plan (SEP)*	()
√		3. Release of Information/Student Acknowledgement form*	()
√		4. Payback Agreement*	()
	√	5. Letter of acceptance to the academic institution you are enrolled in (new student)	()
	√	6. High school transcripts, GED or HSED certificate	()
	√	7. Grade report of last awarding period for continuing students of higher education~	()
	√	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)*	()

All items must be on file with the Education Office prior to any fund disbursement. The items listed with () are required every year, and items listed as (~) are required at the end of each grading period (semester or quarter). The deadline for Lac du Flambeau Higher Education Indian Scholarship is August 1st. FAFSA (federal application for student aid) must be completed by February or March to be considered for fall semester.*

<u>CONTINUING STUDENT</u>	OFFICE USE ONLY	SEMESTER _____
1. Official Schedule		()
2. Grade Report		()
3. GPA Score		_____
Notes:		



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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	
P O BOX NUMBER _____ EMAIL ADDRESS _____			HOME _____	
			WORK/MESSAGE _____	
			CELL _____	
WHICH DIPLOMA /CERTIFICATE DID YOU EARN		NAME AND STATE OF GRADUATING INSTITUE		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 CERTIFY 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 _____


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Undergraduate Assistance 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)