

**CHEYENNE RIVER SIOUX TRIBE**  
**EDUCATION SERVICES PO BOX 590 EAGLE BUTTE SD 57625**  
**605-964-7880/7882 FAX: 605-964-7881**  
**vanessa.laplante@crst-nsn.gov**

Student Name \_\_\_\_\_

Student SSN \_\_\_\_\_ / \_\_\_\_\_ Tribal Enrollment Number

Student Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

By signing below, I authorize the Financial Aid Office at: \_\_\_\_\_  
Name of Institution

to release my financial aid information to the above Tribal Agency.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

This student has applied for a Higher Education Scholarship for the **2019-20 Academic Year**. Verified financial need information is required from your office. This information will be used in determining eligibility. In order to receive priority consideration, this information must be submitted by **June 15, 2019**. Thank you for your assistance. **PLEASE DO NOT SUBMIT UNTIL STUDENT HAS COMPLETED THE FAFSA AND THE BUDGET IS FINAL.**

**BUDGET PERIOD FROM** \_\_\_\_\_ **TO** \_\_\_\_\_ **which will begin on** \_\_\_\_\_  
**This student is considered** ( ) Independent ( ) Dependent **Student will reside:** ( ) On-Campus ( ) Off-Campus.

**FINANCIAL AID RESOURCES**

PARENTAL CONTRIBUTION \_\_\_\_\_  
 STUDENT/SPOUSE CONTRIBUTION \_\_\_\_\_  
 VA BENEFITS \_\_\_\_\_  
 TANF/WELFARE \_\_\_\_\_  
 SOCIAL SECURITY \_\_\_\_\_  
 STATE SCHOLARSHIP \_\_\_\_\_  
 STATE INDIAN SCHOLARSHIP \_\_\_\_\_  
 PELL GRANT \_\_\_\_\_  
 CWS \_\_\_\_\_  
 PERKINS \_\_\_\_\_  
 SEOG \_\_\_\_\_  
 SCHOLARSHIP/GRANT \_\_\_\_\_  
 SSIG \_\_\_\_\_  
 LOAN (SUB) \_\_\_\_\_  
 LOAN (UNSUB) \_\_\_\_\_  
 OTHER \_\_\_\_\_  
**TOTAL RESOURCES** \_\_\_\_\_

**EDUCATION COSTS**

TUITION \_\_\_\_\_  
 FEES \_\_\_\_\_  
 BOOKS \_\_\_\_\_  
 ROOM \_\_\_\_\_  
 BOARD \_\_\_\_\_  
 TRAVEL \_\_\_\_\_  
 PERSONAL \_\_\_\_\_  
 CHILDCARE \_\_\_\_\_  
 OTHER \_\_\_\_\_  
**TOTAL** \_\_\_\_\_

We recommend the Cheyenne River Sioux Tribe consider awarding this student an unmet need of \$ \_\_\_\_\_

SIGNATURE \_\_\_\_\_  
(FINANCIAL AID OFFICER) (DATE) (PHONE & FAX #)

\_\_\_\_\_  
(NAME OF COLLEGE) (ADDRESS) (ZIP CODE)

Our school is on ( ) Semester ( ) Quarter ( ) Tri-Semester ( ) Other Student is enrolled: ( ) Full-time ( ) Part-time

ALL STUDENTS ARE REQUIRED TO APPLY FOR ALL AVAILABLE GIFT-GRANT FINANCIAL AID. THE HIGHER EDUCATION SCHOLARSHIP IS A SUPPLEMENTAL AWARD.