

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 **Summer 2018 Term**. 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 **April 15, 2018**. 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.