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 2017 SEMESTER**. Verified financial need information is required from your office. This information will used in determining eligibility. In order to receive priority consideration, this information must be submitted by **APRIL 17, 2017**. 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.