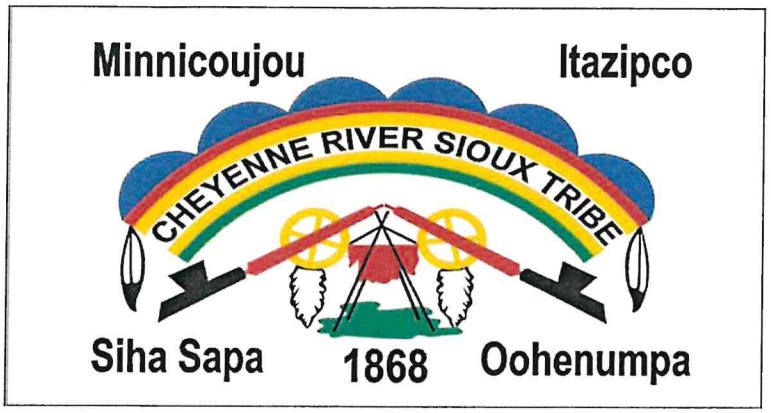

CHEYENNE RIVER SIOUX TRIBE
COLLEGE EDUCATION GRANT APPLICATION

APPLICANT NAME: (First) _____ (M.I.): ____ (Last): _____

***MAILING ADDRESS**:_____
PO Box/Street City State Zip

TRIBAL ENROLLMENT #: _____ (Must complete) **DATE OF BIRTH**:_____

TELEPHONE NUMBER:_____**EMAIL ADDRESS**:_____

DID YOU APPLY FOR THE HIGHER EDUCATION/CRST SCHOLARSHIP: YES OR NO

**If no, you must apply for the scholarship to qualify for this grant.

Deadlines: Spring January 1st- Academic Year August 1st
The approval or denial of this grant application is not based on your approval for the Higher Education/CRST scholarships.

NAME OF COLLEGE/UNIVERSITY CURRENTLY ATTENDING:

_____

DEGREE PURSUING: (circle one) Vocational Associate Baccalaureate Masters Doctorate

COLLEGE MAJOR:_____**EXPECTED GRADUATION DATE**: _____

ENROLLMENT STATUS: Full-time or Part-time (circle one)

ALL UNDERGRADUATES MUST BE ENROLLED IN AT LEAST 6 CREDIT HOURS

Certification: I certify that the above information is true and correct to the best of my knowledge. I understand I am responsible for submitting an official transcript by January 15th to receive the Spring semester disbursement.

_____ _____
SIGNATURE DATE

*All checks will be mailed to each student. All on-reservation addresses must use a PO Box #

Amended 04.15.26