CHEYENNE RIVER SIOUX TRIBE EDUCATION SERVICES PO BOX 590 EAGLE BUTTE SD 57625 605/964-7880/7882 FAX: 605/964-7881

Student Name		Term Requested	(Year)
/		Academic Year	June 15th
Student SSN Tribal Enrollment	Number	Spring Only	Nov 15th
		Summer	Apr 15th
Student Address			
City State	Zip		
By signing below, I authorize the Financial Aid O	ffice at:		
to release my financial aid information to the abov	re Tribal Agency.	Name of	Institution
Student Signature	Dat	e	
This student has applied for the CRST Higher Edu office. This information will be used in determining submitted by the respective deadline listed above.	ng eligibility. In order to	receive priority considerat	
DO NOT SUBMIT UNTIL THE STUDENT HAS	COMPLETED THE FA	AFSA PROCESS AND THI	E BUDGET IS FINAL.
BUDGET PERIOD FROM: 7	ro wh	ich will begin on	.This
student is considered () Independent () Depende		l reside: () On-Campus ()	
FINANCIAL AID RESOURCES	<u>C(</u>	OST OF ATTENDANCE	
EXPECTED FAMILY CONTRIBUTION	TU	ITION	
A BENEFITS	FE		
`ANF	BC	OKS	
TATE SCHOLARSHIP	FO	OD & HOUSING	
TATE INDIAN SCHOLARSHIP		AVEL	
ELL GRANT		RSONAL	
TWS		ILDCARE	
PERKINS		CENSURE/CERTIFICATI	ON
SEOG		`HER	
OUTSIDE SCHOLARSHIPS/GRANTS	TC	TALCOSTS	
SSIG			
LOAN (PLUS)			
LOAN (SUB)			
LOAN (UNSUB)			
OTHER			
TOTAL RESOURCES			
We recommend the Cheyenne River Sioux Tribe c	consider awarding this stu	ident an unmet need of \$	
SIGNATURE			
(FINANCIAL AID OFFICER)	(DATE)		(PHONE & FAX #)
(NAME OF COLLEGE)	(ADDRESS)		(ZIP CODE)
Our school is on () Semester () Quarter () Tri-Se	mester () Other Stu	ident is enrolled: () Full-tin	ne () Part-time
ALL STUDENTS ARE REQUIRED TO APPLY		E GIFT-GRANT FINANCL	AL AID. THE HIGHER
EDUCATION SCHOLARSHIP IS A SUPPLEME	INTAL AWARD.		cation Committee Approved