

WHITE EARTH STUDENT FINANCIAL SERVICES PROGRAM

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WHITE EARTH SCHOLARSHIP APPLICATION PACKET

IMPORTANT INFORMATION FOR STUDENTS

Boozhoo and Congratulations on making the choice to pursue higher education! Our program is excited to work with you and assist you on your educational journey. Please be sure to read the complete White Earth Scholarship Program Policies and familiarize yourself with all program requirements. Some important points are listed for you below.

PRIORITY DEADLINE

Applications for the White Earth Scholarship Program (WESP) will have a priority deadline of May 31st prior to the next academic school year.

APPLICANT REQUIREMENTS

As per White Earth Scholarship Program policies, all applicants must:

- Be an enrolled member of the MCT – White Earth Band
- Be accepted into an accredited higher education university or technical college
- Apply for Federal Student Aid (FAFSA). **This is required regardless of your income status. No exceptions.
- Apply for the Minnesota Indian Scholarship
- Have a high school diploma or GED prior to WESP consideration
- Apply at least 8 to 12 weeks prior to the day classes begin
- Signatures required, Digital signatures will not be accepted
- Applications need to be mailed to White Earth Scholarship Program.

The White Earth Scholarship Program is an incentive-based program. Your post-secondary institution's financial aid office may determine your award based upon the results of your completed FAFSA.

REQUIRED DOCUMENTATION

Before your award eligibility is determined, your WESP application/file must be complete. Funding amounts will be determined by the date of applying to WESP, file completion, and your eligibility to receive federal student aid. Your application will be considered incomplete if our office does not receive all required information. Students not complying with program requirements risk ineligibility for funding through WESP.

Completed WESP files contain:

- WESP Application(s)
- Certificate of Agreement
- Education/Program Plan
- Copy of high school diploma/transcript or GED
- All previous academic transcripts (if applicable)
- Course registration for upcoming term of attendance
- Minnesota Indian Scholarship Program application completed
- Completed FAFSA
- Out-of-state needs analysis/budget (for out-of-state students only)

Applications to this or any other financial assistance program is not a guarantee to receive an award.

PROGRAM REQUIREMENTS

If you receive a WESP award, you must maintain a minimum term (quarter/semester) grade point average (GPA) of 2.00 throughout your academic career. You must submit grades after each term you attend prior to release of any subsequent

awards, as well as course registration for the upcoming term. Please note that incomplete coursework and/or withdrawing (dropping) courses will lead to Academic Probation and/or Suspension of future WESP awards. If you withdraw completely from all courses, you must pay your entire award amount for that term back to the WESP before any consideration for future awards.

CONTACT INFORMATION

Please keep us informed of your application progress so that we may process your application immediately. If your educational plans change after you have applied to the WESFS, please notify our office immediately. If you have questions regarding the application process, please call our office at (218) 935-3580.

WHITE EARTH SCHOLARSHIP APPLICATION CHECKLIST

Your application must include the following:

All Students

- ☐ White Earth Scholarship Application
(**Priority Deadline: May 31st, YOU MUST REAPPLY EVERY YEAR**)
- ☐ Certificate of Agreement
- ☐ Academic Transcripts
- ☐ Course Registration
- ☐ Education Plan
- ☐ High School Diploma/Transcript or GED ☐ On file (*Students who Previously Applied*)

Out-of-State Students

- ☐ OOSNA Budget (Out of State Needs Analysis)
BUDGET PORTION MUST BE COMPLETED BY YOUR FINANCIAL AID OFFICE AND MAILED OR FAXED TO WESP.

Graduate Students

- ☐ University/College/Program Acceptance Letter
- ☐ Narrative explaining this degree's enhancement of self & Native American communities
(One narrative per degree)

The following Items must be completed before applying to WESP.

All Students

- ☐ FAFSA Application (Free Application for Federal Student Aid)

In-State Students

- ☐ MISP Application (Minnesota Indian Scholarship Program)

Please note that only complete application files will be considered for an award. Awards are first come, first serve, and must fit within student budgets as submitted by your financial aid office at the institution you will be attending during the current year. Applications submitted to the WESP (or to any other financial programs) are not an actual guarantee to receive an award.

To remain eligible for the White Earth Scholarship Program, you must complete and submit your WESP application on a yearly basis, preferably 8 to 12 weeks prior to the first date of class. A copy of your course registration and transcripts must be received by the WESP prior to release of any awards in any given academic year.

Applicant Name (Please Print): _____ Attendance Year: _____

College/University: _____ Program: _____

Applicant Signature: _____ Date: _____

PART 1 – TO BE COMPLETED BY APPLICANT

APPLICATION

- ☐ **Undergraduate Degree** (AA, AS, AAS, BA, BS, Diploma, other)
☐ **Graduate Degree** (Master's, Doctorate, PhD)

- ☐ **In-State**
☐ **Out-Of-State**
☐ **Summer Term**

Name Last, First MI (Maiden): _____ Soc. Sec. No. _____

Mailing Address: _____ Date of Birth: _____

City, State & Zip: _____ Phone: (____) _____ State of Residency: _____

Marital Status: ☐ Single ☐ Married ☐ Separated Email Address: _____

High School Attended: _____ Year Graduated: _____ GED Date: _____

College/University Attending: _____ Start Date: _____ Expected Grad Date: _____

Year in College/University: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ Other: _____ Date FAFSA Completed: _____

Status: ☐ Full Time ☐ Part Time Degree Seeking: ☐ AA, AS, AAS ☐ BA, BS ☐ Master's ☐ Doctorate

Major(s): _____ Minor(s): _____

Do you live: _____ Child(ren)/Dependent(s) _____ Relationship _____

☐ On White Earth Reservation 1. _____

☐ Near White Earth Reservation (within 75 miles) 2. _____

☐ Outside of the White Earth Reservation 3. _____

4. _____

Have you ever received a White Earth or MCT grant/scholarship before? ☐ Yes, When & Where: _____ ☐ No

Alternative Contact: _____ Phone: (____) _____

Address: _____

Full Name, when Enrolled, if different from above:

Mother's Maiden Name: _____ Date of Birth: _____ Tribal Affiliation: _____

Father's Name: _____ Date of Birth: _____ Tribal Affiliation: _____

Applicant Signature: _____ **Date:** _____

TO BE COMPLETED BY WHITE EARTH RESERVATION ENROLLMENT OFFICE ONLY

I HEREBY CERTIFY THE ABOVE-NAMED APPLICANT:

☐ **IS** an ENROLLED MEMBER of the WHITE EARTH BAND of the MINNESOTA CHIPPEWA TRIBE.

*I hereby certify the above-named applicant is ____/____ degree of White Earth Band of Minnesota Chippewa Tribe blood according to available records.

☐ **IS NOT** an ENROLLED MEMBER of the WHITE EARTH BAND of the MINNESOTA CHIPPEWA TRIBE.

Certified by: _____ **Date:** _____

Job Title: _____

PART 3 - TO BE COMPLETED BY APPLICANT

CERTIFICATE OF AGREEMENT

I, _____, the student, have read and understand the White Earth Scholarship Program Policies and Procedures. I agree to abide by all policies governing the White Earth Scholarship Program, including but not limited to below.

I agree to contact the Financial Aid Office and apply for all other financial aid assistance available to me and will request that the Financial Aid Office notify White Earth Scholarship Program of any need or aid the school offers to me.

I understand that my negligence towards White Earth Scholarship Program Policies and Procedures and application criteria may inhibit my current and/or future application status and overall eligibility with the White Earth Scholarship Program.

I agree to submit my transcript and grades at the end of each academic term.

I understand that should my academic performance be less than the minimum academic requirements of the White Earth Scholarship Program, I risk ineligibility, probation, suspension, or termination of White Earth Scholarship Program funds.

I agree to take full responsibility for my academic achievements and progress as well as all costs incurred relating to my academic career.

I understand that any scholarship awarded will be mailed directly to the Institution attending.

Applicant Name (Please Print): _____ Soc. Sec. No. _____

Applicant Signature: _____ **Date:** _____

WHITE EARTH SCHOLARSHIP PROGRAM USE ONLY

Application Received: _____ Institution Vendor #: _____

☐ MCT – WE BQ Verified School Year: _____

	<u>Fall</u>	<u>Winter</u>	<u>Spring</u>	<u>Summer</u>	<u>Totals</u>
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Credits Taken:	_____	_____	_____	_____	_____
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Scholarship Award:	\$ _____	\$ _____	\$ _____	_____ \$	_____
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Approved By: _____ Date: _____

Credits Completed:	_____	_____	_____	_____	_____
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GPA:	_____	_____	_____	_____	_____
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Revised Award:	\$ _____	\$ _____	\$ _____	\$ _____	_____
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Revised By: _____ Date: _____

Notes: _____

PART 4 - TO BE COMPLETED BY APPLICANT

EDUCATION PLAN

Applicant Name: _____ **Last 4 SSN** _____

School(Currently Attending)_____ Transfer Credits Accepted: _____

Previous School(s)Attended: _____

Degrees/Certificates Earned: _____

Please list ALL courses previously taken and ALL courses needed for graduation. Be sure to include all past, present, and courses to be completed. Please be as accurate and comprehensive as possible.

***Note: Printout of Program Requirement will be accepted. Signature still required.*

COURSE	CREDITS	& YEAR	GRADE RECEIVED <i>(If completed)</i>	NOTE REPEATS/ OTHER COMMENTS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Add additional pages if needed

Applicant Signature: _____ **Date:** _____

EDUCATION PLAN (CONTINUED)

[illegible]

PART 5 – TO BE COMPLETED BY APPLICANT

RELEASE OF INFORMATION

Name Last, First MI (Maiden): _____ Soc. Sec. No. _____

College/University Name: _____ Date of Birth _____

I hereby give permission to the institution of higher education and all funding sources to share all information pertaining to my financial aid application and/or academic record with the White Earth Scholarship Program (WESP). I also do hereby give permission to the White Earth Reservation Scholarship Program to obtain my Indian blood quantum and White Earth MCT enrollment status to determine program eligibility. My authorization will expire one year from the date of my signature. I understand that I may revoke authorization in writing at any time, except to the extent that action has been taken in reliance upon the authorization.

Applicant Signature: _____ **Date:** _____

PART 6 – TO BE COMPLETED BY FINANCIAL AID OFFICER AT INSTITUTION

OOSNA BUDGET

(Out of State Needs Analysis)

College/University Name: _____ Status: ☐ Full Time ☐ Part Time

Address: _____ Phone #:(_____) _____

City, State, Zip: _____ Date FAFSA Completed: _____

Year in College/Univ: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐Other: ____ Degree Seeking: ☐ AA, AS, AAS ☐ BA, BS ☐ Master's ☐ Doctorate

Major(s): _____ Term(s) & Year attending: _____

Approved Budget From _____ to _____

Total Budget \$

Resources:

Student Contributions: \$ _____ Other (Specify): \$ _____

Parent Contributions: \$ _____ Veteran's Benefits: \$ _____

Total Resources \$

Budget Based Upon ISIR Date of _____

Unmet Need \$

(Total budget minus resources)

	SS1	FALL	WINTER	SPRING	SS2
Start Date: _____	_____	_____	_____	_____	_____
Assessed Need: \$ _____ (PER-TERM)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
College Aid:					
Pell Grant \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
SEOG \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
State Grant \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
NDSL \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Work Study \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Wavier/Other \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Recommended Indian Assistance: \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Need	\$ <table border="1" style="display: inline-table; width: 150px; height: 30px; vertical-align: middle;"></table>
Pell	\$ <table border="1" style="display: inline-table; width: 150px; height: 30px; vertical-align: middle;"></table>
SEOG	<table border="1" style="display: inline-table; width: 150px; height: 30px; vertical-align: middle;"></table>
State	<table border="1" style="display: inline-table; width: 150px; height: 30px; vertical-align: middle;"></table>
NDSL	<table border="1" style="display: inline-table; width: 150px; height: 30px; vertical-align: middle;"></table>
Work Study	<table border="1" style="display: inline-table; width: 150px; height: 30px; vertical-align: middle;"></table>
Wavier/Other	<table border="1" style="display: inline-table; width: 150px; height: 30px; vertical-align: middle;"></table>
RIA	<table border="1" style="display: inline-table; width: 150px; height: 30px; vertical-align: middle;"></table>

FAO Name (Please Print): _____ Job Title: _____

Financial Aid Officer Signature: _____ **Date:** _____