

WAMPANOAG TRIBE OF GAY HEAD (AQUINNAH)
HIGHER EDUCATION GRANT APPLICATION

Name: _____ Enrollment # _____
(Last) (First) (Middle)

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Home Address: _____
(Street #) (City/Town) (State) (Zip)

Mailing Address: _____
(P.O. Box #) (City/Town) (State) (Zip)

E-Mail Address: _____

Telephone: Home : (_____) _____ Work : (_____) _____ Cell : (_____) _____
(Parents)

Are you a veteran? _____ Marital Status: _____ S _____ M _____ D _____ S _____ W

No. of Dependents: _____ State of Residency: _____ Tribe: _____

Type of High School: _____ BIA _____ Mission _____ Private
_____ Tribal _____ GED _____ Public

Graduation/GED Date: _____ / _____ / _____

APPLICATION REQUEST 20 _____ - 20 _____

_____ Academic Year _____ Spring Only _____ Fall Only _____ Summer _____ Fulltime

Name of College: _____
(Telephone #)

College Address: _____
(Street #) (City Town) (State) (Zip)

College Major: _____ Expected Graduation Date: _____

Expected Degree: _____ AA _____ BA _____ BS _____ MA _____ Other: _____

Year in College: _____ Freshman _____ Sophomore _____ Junior _____ Senior _____ Graduate

Where will you live? _____ on campus _____ off campus _____ with parents

Have you ever received a BIA Grant before? _____ Yes _____ No

If Yes what years? _____ Number of semester earned _____
Number of quarters earned _____

STATEMENT OF EDUCATION PURPOSE

I _____ declare that I will use any funds I receive under the Wampanoag Tribe of Gay Head (Aquinnah)'s Higher Education Grant Program (funded through the Bureau of Indian Affairs) solely for expenses connected with attendance at _____.

(Name of Institution)

(Signature of Student)

(Date)

PRIVACY ACT AND PAPERWORK REDUCTION STATEMENT

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974. Although furnishing personal information to this office is voluntary, failure to supply complete and accurate information may preclude the applicant from eligibility for assistance under this program.

This information is being collected to determine eligibility of individuals applying for services. This information will be used to produce statistical records required of the Office of Indian Education Programs. Response to this request is required to obtain a benefit.

I hereby certify that the information supplied in this application is true and correct to the best of my knowledge and consent to the release of this information to necessary agencies to complete my financial aid package. I request that any grant awarded me be mailed to me in care of the financial aid office of the institution. I will provide a copy of my grades or transcript to the Education Department of the Wampanoag Tribe of Gay Head (Aquinnah) at the end of each academic term.

(Signature of Student)

(Date)

BRIEF ESSAY

It is a policy of the Wampanoag Tribe of Gay Head (Aquinnah) that each applicant for our Higher Education Grant submits a brief essay describing family ties to Martha's Vineyard and share personal reflections about your Wampanoag heritage. Please connect what you are learning each year in some way with your Wampanoag heritage. (Please use this space, continuing on back page, if necessary).

FINANCIAL AID PACKAGE FORM

TO BE COMPLETED BY THE STUDENT _____
Home Agency of Tribe _____

- 1. Name: _____ Soc.Security # _____
Home Address: _____ Tel.# _____
- 2. Year in College: _____ Major: _____ Minor: _____
Marital Status: _____ No. of Dependents: _____

Please send me the necessary application for applying for college administered financial aid. Attached is a copy of the BIA grant application that I have submitted to the BIA for consideration for financial assistance. The BIA Office will need the additional financial aid information as listed in Part II before any action can be taken on my application When all the necessary information is on file in your office, please complete and forward Part II or a similar form to:

Higher Education Grant Program, Wampanoag Tribe of Gay Head (Aquinnah)
20 Black Brook Road, Aquinnah, MA 02535PHONE: (508) 645-9265 FAX: (508) 645-3790

All students are requested to apply for other sources of funding available through the Financial Aid Office.

Signature _____ Date _____

PART II: TO BE COMPLETED BY THE FINANCIAL AID OFFICER

This student has applied to the BIA Higher Education Office. Verified financial need information is needed through your office before we can take action on this application. We will appreciate your assistance if you would complete and forward this form or a like form to the above address. Thank you for your assistance.

Budget Period: From _____ To _____ Which will start on _____

This student is considered: Independent _____ Dependent _____

Cost of Attendance. \$ _____

Parental Contribution _____	S.E.O.G. _____	Tuition _____
Student Contribution _____	PELL Grant _____	Fees _____
Spouse Contribution _____	NDSL _____	Books _____
VA Benefits _____	C.W.S. _____	Room _____
Soc.Sec. Benefits _____	Schol. _____	Board _____
Welfare/AFCD _____	Voc. Rehab _____	Travel _____
State Grants _____		Misc _____
State Ind. Schol _____		
TOTAL _____	TOTAL _____	TOTAL _____

We recommend that BIA consider awarding this student. \$ _____

Signature: _____
Financial Aid Officer Date Telephone

Name of College Address Zip Code

Our school is on: Semester _____ Quarter _____ Trimester _____ Other _____