

EDUCATIONAL ASSISTANCE APPLICATION

Rosebud Sioux Tribe Education Department

P.O. Box 40

Rosebud, SD 57570

Phone :(605)747-2833

Fax: (605)747-5479

Name: _____

Date: _____

Parent/Guardian: _____

Address: _____ Telephone: _____

School/Address: _____ Grade: _____

Is parent/student employed: ___Yes ___ No

If not employed, what type of income do you receive? _____

Is student an enrolled member with the Rosebud Sioux Tribe? _____ Enrollment #: _____

*****TYPE OF ASSISTANCE REQUESTED*****

_____ Student Assistance (Attach documentation)

_____ Student Travel (Attach travel documentation)

_____ School/Community Projects (Attach description of project)

_____ Family Services (Attach documentation)

*****OFFICE USE ONLY*****

Request Approved: _____ Amount \$ _____ Request Denied: _____

Reason for Denial: _____

Signature of Approving Official: _____ Date: _____

Make check payable to: _____
