

**HIGHER EDUCATION ASSISTANCE APPLICATION
RST HIGHER EDUCATION PROGRAM
PO BOX 40
ROSEBUD SD 57570
PHONE (605) 747-2375 FAX (605) 747-5479**

Student Name: _____ Telephone: _____

Complete Mailing Address: _____ Email: _____
Street or PO Box, City, State & Zip Code Circle one:

College/University: _____ FR SOPH JR SR GRAD

College/University Address: _____ Telephone: _____
Street or PO Box, City, State & Zip Code

Social Security or Student ID Number: _____ Fall _____ Spring _____

Is student an enrolled member with the Rosebud Sioux Tribe? ___ Yes ___ No (attach abstract/Tribal ID card)

Is student employed? ___ Yes ___ No What type of income do you receive? _____

Does student have children/dependents? ___ Yes ___ No How many? _____

Is student a veteran? ___ Yes ___ No If yes, do you receive veteran's assistance? _____

Check type of assistance needed and attach proof of school enrollment and other documentation. Personal expenses are not considered for assistance as funds are limited to college expenses only.

___ ACT Fees ___ Application/Transcript Fees ___ Testing Fees
___ Housing Deposit ___ Books/Supplies Assistance ___ Training Fees
___ Tuition Assistance ___ Transportation Fees

Other Higher Education Related Expenses (specify): _____

All requests will be verified before approval. **DEADLINES: Fall: October 1st Spring: March 1st**

I certify that the above information is true and correct and consent to the release of this information to necessary agencies to verify enrollment and fees related to higher education expenses.

Signature of Student _____ **Date** _____

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

Information verified with college ___ Yes ___ No Staff Signature _____

Request approved: ___ Yes ___ No Amount \$ _____

Request denied: ___ Yes ___ No Reason for Denial: _____

Signature of Approving Official: _____

Make check payable to: _____