

**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: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

College/University: \_\_\_\_\_ Year in School \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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	___ Daycare Fees
___ Tuition Assistance	___ Transportation Fees	___ Training 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: Amount \$ \_\_\_\_\_

Request denied: \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Signature of Approving Official: \_\_\_\_\_

Make check payable to: \_\_\_\_\_