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