



ROSEBUD SIOUX TRIBE

HIGHER EDUCATION GRANT PROGRAM

P.O. BOX 40
ROSEBUD, SOUTH DAKOTA 57570

HIGHER EDUCATION ASSISTANCE

Phone: (605) 747-2375

Fax: (605) 747-5479

Toll Free: 877-691-8183

rsthighered@gwtc.net

www.rst-education-department.com

Student Name and Address: _____

Telephone: _____

Email: _____

College/University: _____

Telephone: _____

(Circle One): FR SOPH JR SR GRAD

Fall _____ Spring _____

Is student enrolled with the Rosebud Sioux Tribe? Yes No

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 school enrollment documentation. Funds are limited to college related expenses only. **Attach copy of tribal ID/abstract and class schedule.**

- ACT Fees
- Housing Deposit
- Tuition Assistance
- Application/Transcript Fees
- Books/Supplies Assistance
- Transportation Fees
- Testing Fees
- Training Fees
- Other Higher Ed Related Expenses: _____

All requests will be verified before approval. Check is made payable to your college/university.

I certify that the above information is true and correct. I consent to the release of this information to verify enrollment in higher education.

Signature of Student: _____ Date: _____

+++++OFFICE USE ONLY+++++

Verified with College: Yes No Staff Signature: _____

Request Approved: Yes No Amount: \$ _____

Request Denied: Yes No Reason for Denial: _____

RST Education Official: _____ Date: _____

Check payable to: _____