



Prairie Band Potawatomi Nation
Education Department

Application for Higher Education Grant: Graduate Student

To be considered for funding you need to complete and submit ALL of the following items:

1. ___ **Application**
2. ___ **Letter in writing stating why you need the grant and how it will be used.**
3. ___ **Copy of Certificate of Degree of Indian Blood (CDIB).**
 - a. If you do not have this certificate, one may be requested from the Enrollment Department, 16281 Q Road, Mayetta, KS 66509 or toll free at 877.715.6789, ext. 3914.
4. ___ **Transcript from last school attended.**
 - a. The Registrar's office at the college must mail an official transcript, showing your last semester's grades, which must include a cumulative grade point average.
 - b. ESCRIPTS are acceptable; email to transcripts@pbpnation.org
 - c. **We will NOT accept your copy of your grades or an unofficial transcript.**
5. ___ **Letter of admission/acceptance into program from institution.**
6. ___ **Verification from institution constituting how many credit hours is full or part time.**
7. ___ **Current Program of Study stating the required credit hours needed to complete the program.**

All students must maintain a program of study on file, the education department will continue funding until the maximum number of credit hours required has been reached. Students needing additional funding must submit a request to the Education Committee.
8. ___ **Student Agreement.** Applications will not be considered complete if this form is not signed and returned.

If you will be enrolled part-time the grant will pay the exact cost of tuition and fees. Book costs will be reimbursed with proper documentation.

To be eligible for funding you must submit all of the above required items two months prior to attendance or payment due date, which ever occurs first.

Prairie Band Potawatomi Nation - B.I.A. Higher Education Grant Application

-Graduate-

All information requested is voluntary: however, failure to fully complete all applicable parts may result in delays of processing this application or make it impossible to process at all.

Name _____ Social Security No. _____
Last First M.I. Maiden

Home Address _____ Telephone No. _____
Street City State Zip Code

Mailing Address _____ Email _____
(If different from above) Street City State Zip Code

Date of Birth _____ PBPN Enrollment No. _____ Veteran: Yes ___ No ___ Female ___ Male ___

Marital Status: Single ___ Married ___ Divorced ___ Separated ___ Number of Dependents _____

How did you obtain this application? Email ___ Fax ___ Internet ___ Mail ___ Walk-in ___ Other _____

Please List All Degrees Earned _____

Name and Address of Institution _____

Application Request: 20 _____ to 20 _____

Status: Full Time ___ Part Time ___

Traditional Full Academic Year ___ Accelerated Program ___ Fall ONLY ___ Spring ONLY ___

Name and Address of College Selected _____

Degree Program _____ Expected Graduation Date _____

Have you received a B.I.A. grant before? Yes ___ No ___ If yes, what year(s) _____

No. of credit hours earned _____

I hereby certify that the above information on this form is true and correct to the best of my knowledge, and consent to the release of this information to the necessary agencies to complete my financial aid package. I will provide a copy of my official transcript to the Prairie Band Potawatomi Nation Education Department at the end of each semester.

Signature of Student _____ Date _____



Prairie Band Potawatomi Nation
Education Department

Student Agreement

I, _____, am an enrolled member of the Prairie Band Potawatomi Nation (PBPN) who has applied for scholarship assistance through the Prairie Band Potawatomi Nation Education Department Higher Education Program for the academic year _____.

I have read the policies, procedures and guidelines for the program and understand what my responsibilities are as a student attending an accredited college, university or technical school.

I agree to abide by all policies governing the PBPN Education Department Higher Education Programs.

Further, I understand that should I fail to meet the eligibility criteria and academic requirements I may be placed on Academic Probation or Suspension in accordance with the Satisfactory Academic Progress Policy. I understand this means my scholarship award may be suspended for failure to comply.

I have read the deadline date requirements and understand that applications received after the required deadline date will be denied. I agree to take full responsibility for my academic achievements and progress.

Student Signature

Name of Institution

Date

Academic Year

Date received by the PBPN Education Department: _____
Date Initial