State of Wisconsin
Higher Educational Aids Board

P.O. Box 7885
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Tony Evers
Governor

Connie Hutchison, PhD
Executive Secretary

WISCONSIN INDIAN STUDENT ASSISTANCE GRANT: NEW STUDENT

This is a need-based grant available to Wisconsin residents who are attending a Wisconsin school of higher education. You must have one-quarter degree of Native American blood or be an enrolled member of a federally recognized tribe. The grant has a maximum of 10 semester awards.

This form is for **new students only.**

If you are a continuing student, please go back to the website and download the Indian Student Assistance Grant: Continuing Student form.*

There are three sections that each need to be filled out by different parties.

1. **Student:** Complete the Student Section & sign, then forward to your Tribal Education/Enrollment Office for certification.
2. **Tribal Education/Enrollment Office:** Complete & sign the Tribal/BIA Office Section to certify the degree of Native American blood.
   Certification is required only once; subsequent grant applications do not require certification.
   - If the blood degree is less than one-quarter, review and sign the exception statement as appropriate.
   - The BIA may certify applicants with a combination of blood degrees totaling one-quarter who are unable to be certified as a member of any tribe due to minimal degrees.
   - Mail or fax this application to the postsecondary school the student plans to attend.
3. **Financial Aid Office:** Complete the Office of Financial Aid Section, sign and mail or fax to: Wisconsin Higher Educational Aids Board
   - Also mail or fax a copy to the Tribal Education Office.

   WIG Program
   P. O. Box 7885, Madison, WI 53707-7885
   Fax: (608) 267-2808

If you have any questions, please contact Charlene Sime at: charlenek.sime@wi.gov or by phone (608) 266-0888

Student Section

Academic Year: 20___ - 20___ Current Student Status: ☐ Graduate ☐ Undergraduate

Student Name: _____ Social Security #: _____
Last *First*

Phone: _____ Email: _____ Birthdate: _____

Current Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

If less than 1 year, provide previous addresses & length of residence

I have resided at this address since: _____ *at each location for last 5 years on a separate sheet of paper*
Month *Year*

High School Attended: _____
Name of High School *City* *State* *Graduation/GED date*

I plan to Attend: _____
Name of College/Institution *City* *State* *Enrollment Term*

Have you previously received a grant under this program? ☐ YES ☐ NO If yes, what year(s)? _____

Father's Name: _____ Mother's Name: _____

Tribe/Reservation: _____ Tribe/Reservation: _____

Address: _____ Address: _____

STUDENT STATEMENT (IMPORTANT – READ CAREFULLY)

I declare that the information given by me on this form is true, correct and complete to the best of my knowledge. If granted assistance, I will use it only for educational expenses and purposes. I agree that this information may be shared between the Bureau of Indian Affairs, Tribe, State and the school. I further agree that I will apply for any financial aid available to me. I request the Office of Student Financial Aid to notify the BIA, State, and Tribe of my financial need and authorize any school I am attending to release a copy of my grade transcript to the BIA, State and Tribe at the end of each academic term. I request that any Bureau scholarship funds be mailed to me in care of the Office of Student Financial Aid or Business Office at the school I attend.

Student Signature: _____ Date: _____

Student Name: _____ Address: _____ SSN #: _____
Last Name, First Name *Street Address, Apt. City State Zip Code*

Tribal/BIA Office Section

I hereby certify that the above-named applicant is _____ degree _____ Indian blood according to available records.
Name of Tribe

Certifying Official Signature: _____ Date: _____

Tribal Education Office: _____
Name of Office *Address* *Fax Number*

EXCEPTION STATEMENT

This is to certify that the above-named applicant, who has been unable to be certified as having at least one-quarter Indian blood by an appropriate Indian agency:

☐ Will be recognized as a member of the _____ Tribe for the purpose of the State of Wisconsin Indian Assistance Grant Program.

☐ Has a combination of blood degrees totaling one-quarter but is unable to be certified as a member of any tribe. Complete the certification below.

Degree	Tribe	Certifying Official Signature	Date

_____ = **Total Degree of Indian Blood**

Office of Student Financial Aid Section

School Name: _____ New Student ☐ or Continuing Student ☐

School Address: _____
Street Address *City* *State* *Zip Code*

Budget Period: _____ to _____ Year in School: _____ Status: Full-time ☐ Part-time ☐ Special ☐

Expected Degree: AA ☐ BA/BS ☐ MA/MS ☐ Other: _____ Expected Graduation Date: _____

Major: _____ Minor: _____ Living: On Campus ☐ Off Campus ☐ With Parents ☐

Approved Student Budget:

Tuition & Fees	$
Books & Supplies	
Room & Board	
Personal Expenses	
Transportation	
Other:	
TOTAL BUDGET	$

Anticipated Student Resources:

Student Contribution	$
Parent Contribution	
Veteran's Benefit	
Social Security	
Vocational Rehab.	
General Assist./TANF	
Other:	
TOTAL RESOURCES	$

Awards:

Pell Grant	$
Suppl. Ed. Opportunity Grant	
Wisconsin Grant	
TIP Grant	
Minority Grant	
Federal Work Study	
Perkins Loan	
Subsidized Stafford Loan	
Other:	
Recommended WI Indian Grant	
Recommended Tribal/BIA Grant	

(Tribal/BIA $ _____ **for** _____ **terms)**

ASSESSED NEED (Total Budget less Total Resources) = $ _____ **TOTAL AWARDS** = $ _____

Signature of Financial Aid Officer: _____ Date: _____ Phone: _____