



State of Wisconsin Higher Educational Aids Board

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WISCONSIN INDIAN STUDENT ASSISTANCE GRANT

Academic Year _____

Part I (Completed by Student)

Name and Address: _____ Maiden Name _____ **Social Security #** _____ **Date of Birth** _____
 _____ (_____) **Marital Status:** single married separated divorced

_____ **Telephone #** _____
High School Name _____ **High School Type:** public private BIA

Address _____ **High School Graduation/GED Date:** _____

Name & Address of Postsecondary School you Plan to Attend: _____ **Previous Colleges Attended & Dates:** _____

Father's Name _____ **Mother's Maiden 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/Applicant Signature _____ Date _____

PART II (Completed by Tribal/BIA Office)

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

Certifying Official Signature _____ Date _____

Name & Address of Tribal Education Office: _____

FAX Number _____

EXCEPTION STATEMENT

This is to certify that the above-named person, 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 Program.
- Has a combination of blood degrees totaling one-quarter but is unable to be certified as a member of any tribe. Complete certification below.

Degree	Tribe	Certifying Official Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Degree of Indian Blood

-- INSTRUCTIONS & STUDENT FINANCIAL AID REVIEW ON BACK --

