LOWER BRULE SIOUX TRIBE
HIGHER EDUCATION GRANT PROGRAM
187 Oyate Circle
Lower Brule, SD 57548
lbhighered@lowerbrule.net
Phone: (605)208-0781 Fax: (833)734-1159

"Education is the most powerful weapon which you can use to change the world."
-Nelson Mandela

The Lower Brule Sioux Tribal Higher Education Grant is available to students who are enrolled members of the Lower Brule Sioux Tribe or can prove that they are one-quarter degree Lower Brule Sioux. Priority funding will be given in the following order: students living on or near the Lower Brule reservation, SD residents, out of state residents. The program is supplemental, and it is mandatory that the student apply for the Pell grant by completing a Free Application for Federal Student Aid (FAFSA), and any other aid that you may be entitled. The maximum amount of the grant is based on the Tribal Priority Allocations (TPA) and could vary from year to year. The current amount is $3,000 per school year for a full-time student. The student's need is determined by their college or university's financial aid office (FAO), providing the Student Aid Report from the Pell grant is on file. The student must be enrolled as a full-time student, taking a minimum of 12 credit hours, in an accredited college or university, and maintain a 2.00 grade point average (GPA) or higher. GPA is based on the students most recent semester grades, and not by their cumulative academic performance. Any student failing to meet these requirements will be placed on financial aid probation for the following semester. If satisfactory progress is not met by the end of that semester, the student will be placed on suspension from the Lower Brule Sioux Tribe Higher Education Grant funding until an acceptable GPA is established from their most recent semester. Students with a completed file by the required dates (see Grant Requirements) will be given priority. Awards will be based on unmet need, the Student Aid Report, and amount of funds available.

Appeals Process

The applicant has the right to appeal his/her eligibility for the LBST Higher Education Grant if they do not agree with the decision. The appeal process includes the following steps: 1.) An inquiry can be made by calling or emailing the Education Specialist (see email listed above), 2.) A written appeal can be submitted to the Tribal Education Scholarship Committee by sending a written document to the Education Specialist. The Education Specialist will submit the letter to the Tribal Education Scholarship Committee for review, discussion, and their final decision. The Tribal Education Scholarship Committee includes (but is not limited to) those in the following positions: Tribal Education Director, Chief Financial Officer, and Tribal Manager. The Education Specialist will contact the applicant with the Tribal Education Scholarship Committee's decision. 3.) The applicant has the right to appeal the Tribal Education Scholarship Committee's decision by submitting a written request to be included in the Tribal Council's agenda. By submitting a written request to the Education Specialist to be included in the Tribal Council's agenda, the Education Specialist will present the applicant's request.

Administration of Grants

When the student has a completed file and meets all requirements, the Education Specialist submits a payment request voucher to Tribal Finance. The check is made out to the student and the college or university and sent directly to the FAO. The Financial Aid Director applies the award to the student's educational costs and if there is a balance left the Financial Aid Director distributes it to the student according to the college's/university's guidelines.

The same procedure is followed each year, and the student **must apply for the Pell grant and submit a new application by September 1 for the Fall semester, and January 15 for the Spring Semester.**

An unofficial transcript will be required by January 15th to verify the student's GPA for the Fall semester
An official transcript must be submitted with a new application, which is due by September 1. This is mandatory for all future funding!

Summer School Applicants: May be awarded to those seniors needing **9** credit hours or less to graduate. Students must submit an **Application** and a **Letter of Justification** from an academic advisor, or another staff person directly involved with the student's progress. These materials are due by **May 1**. This is necessary due to limited funding. Summer funding is based on availability.

Graduate Program:
Graduate students will be funded $2,000 each semester for a maximum of two years.

Application Process:

1. Complete the Higher Education Grant Application
2. Letter of intent from the student stating what the student will be pursuing, what institution, completion date, other funding sources, how you are going to use your degree.
3. Letter of Acceptance
4. Financial Needs Analysis Form
5. Proof of Lower Brule Tribal enrollment
6. Class schedule **(official)** in a master's/specialist/PhD program (full time). *
    - *Full time is defined as nine credit hours. If a student's university considers less than nine credit hours full-time, the student must provide supporting documentation. If approved by the scholarship committee, then funding can be approved.

Student Copy~ Do Not Return

Lower Brule Sioux Tribe
Higher Education Grant Required Documents

To receive consideration for a Higher Education grant, you must turn in a **COMPLETE FILE** by the deadline dates listed below. **Please Note that if your school is on a quarter system, the Fall and Spring deadlines still apply. Regardless of semesters and quarters systems for your college, two checks maximum will be sent per school year – Fall and Spring**

Semester:	**Deadline Date**
Fall Semester	September 1
Spring Semester	January 15
Summer Session	*Current **Seniors** Only

The following documents are required to complete your application file:

1. Application for Federal Student Aid **(Pell Grant).** This must be done even if you are not eligible for a PELL grant.

2. A completed **HIGHER EDUCATION GRANT APPLICATION FORM.**

3. A **Certificate of Degree of Indian Blood** certifying that the applicant is a member of the Lower Brule Sioux Tribe (new applicants only).

4. A **Letter of Acceptance** from an eligible institution. (New students, transfers, and previously suspended students only).

5. A **High School Transcript, GED, or a copy of their Diploma.** High School students must also submit a transcript of any completed college course work. (New applicants only).

6. Updated College Transcript from the previous year/term of attendance. This is ***mandatory*** for continued funding. The student must send an official copy directly to this office by September 1st. Continuing and returning students must have unofficial transcripts to prove their GPA for Spring funding turned in by January 15th:

Spring Semester: September 1
Fall Semester: January 15

7. Financial Aid Needs Analysis Form. This is prepared and certified by the college Financial Aid Officer indicating the student's unmet need. This is required even if you do not qualify for a Pell grant. **It is the student's responsibility to get the form to their college of choice.**

8. Class Schedule (12 credit hours=full time). An official copy must be sent to this office. Graduate students are considered full time at 9 credit hours or more per semester. Part time students for any program are not eligible for funding. **Students must be enrolled full time to be eligible for funding.**

9. Letter of Intent ½ page for Undergraduate students, 1 page for Graduate students. Letter must include a statement about the degree or program the student will be pursuing, what institution, completion date, other funding sources, and how the student plans to use their certificate/degree.

Student Copy~ Do Not Return

LBST HIGHER EDUCATION GRANT PROGRAM

Physical Address: Lower Brule Day School
Education Administration Building
Mailing Address: 187 Oyate Circle
Lower Brule, SD 57548
Phone (605)208-0781 Fax (833)734-1159

Checklist of Required Documents Needed for Higher Education Application

To receive consideration for a Higher Education grant, you must turn in a **complete file** by the deadline dates shown below:

Semester	Deadline Date
Fall Semester	September 1
Spring Semester	January 15

}.___ Application for Lower Brule Higher Education Grant (HE).

2. ___ Verification of enrollment from the Lower Brule Sioux Tribe with a Degree of Indian Blood.

3. ___ Copy of your high school transcript, GED certificate, or a copy of your Diploma.

4. ___ Acceptance letter from an institution of higher education.

5. _____Copy of completed Student Aid Report (SAR-PELL/FAFSA)

6. ___ Signed Financial Needs Analysis form. ***This must be sent to the institution you are attending.*** (Attached)

7. ___ Signed Privacy Act Statement (Attached)

8. ___ *Semester grades (continuing, transfer and previously suspended students only)

9. ___ Class schedule for upcoming semester/quarter

10. ___ A letter of intent (1/2 page for undergraduate students, 1 page for graduate students)

*Grades must be in by:

Fall Semester: January 15 Spring Semester: September 1

Student Copy~ Do Not Return

Date Application Rec'd:
_____
By:

Lower Brule Sioux Tribe
Higher Education Grant Application

Return to:

LBST Higher Education

187 Oyate Circle

Lower Brule, SD

FAX: 1-833-734-1159

Please check funding you are applying for:	Academic Year: _____ **Student must apply each academic year!**
O Higher Education Grant	Please Circle the Semester(s) you are applying for:
O Graduate Assistance Program	Fall Semester Summer (Seniors Only)
	Spring Semester New **or** Continuing

Applicant Information

_____ _____
Last Name First Name MI Maiden Email SSN

_____ _____
Current Address City State Zip Code Telephone

O Male O Female	Have you received LB Higher Ed funding before? _____
Date of Birth:	If yes, what kind and what year? _____
	Tribal Enrollment Number: _____

Secondary Institutional Information

Name/ Address of High School/ GED Center:
_____
_____
_____

Graduation/ GED Date: _____

College/ University Information

College/ University you wish to attend:
Name: _____
Address: _____
City/State/Zip: _____
Phone: _____

O Community College
O Certificate Degree
O 2 Year College
O 4 Year College/ University
O Graduate School

Circle One: New Student Continuing Student Transfer Student

Circle the following:

Academic Level: 1-32 Hours 33-64 Hours 98-128 Hours 129-161 Hours

Year in College: Freshman Sophomore Junior Senior Senior in a 5 yr. program

Field of Study: _____

Date Classes Begin: _____

Type of Degree you plan to Receive:
O A.A. O A.S. O Certificate
O B.A. O B.S. O Masters

Statement of Certification and Consent to Release Information

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 necessary agencies to complete my financial aid package. I request that any grant awarded to me be mailed to me in care of the financial aid officer of the institution. I declare that I will use any funds I receive under the LBST Higher Education Grant Program solely for educational expenses at the given college/university/vocational school. I understand that it is my responsibility to provide a copy of my grades to the LBST Post Secondary Education Office at the end of each semester for continued funding.

Signature of Applicant: _____ Date: _____

PRIVACY ACT AND PAPERWORK REDUCTION ACT

STATEMENT

This information is provided pursuant to public law 93-579 (Privacy Act of 1974), December 31,1974. Although furnishing personal information to this office is voluntary, failure to supply complete and accurate information to this office may preclude the applicant from eligibility for assistance under this program.

This information is being collected to determine the eligibility of the individual applying for services. This information will be used to produce statistical records for the Post- Secondary Education Programs. Responses to this request are required to obtain a benefit.

I hereby certify that the information on the LBST Grant Application form and other required documents is true and correct to the best of my knowledge and I consent to the release of this information to necessary agencies to complete my financial aid package. I request that any Post-Secondary Education Grant assistance awarded to me be mailed to the Financial Aid Office where I will be attending. I will provide a copy of my grades and/or transcripts to the Education Administration Office at the end of each academic term.

Signature of Student _____ Date: _____

Date Application Rec'd:
_____
By:

FINANCIAL AID NEEDS ANALYSIS

Release of Information Authorized to:
Lower Brule Sioux Tribe
Higher Education Program
187 Oyate Circle
Lower Brule, SD 57548
Phone: 1-605-208-0781 Fax: 1-833-734-1159

O New Student
O Continuing Student

TO BE COMPLETED BY THE APPLICANT

Student must submit form to college of choice!

Name: _____ SSN: _____

Permanent Address: _____
Street Box # City State Zip

School Year: _____ Credit Hours Completed: _____ Phone: _____

TO BE COMPLETED BY STUDENT'S FINANCIAL AID ADMINISTRATOR

The above-named student has applied for a Lower Brule Post Secondary grant. Verified financial need information is required by our office before we can act on this application. Information must be as accurate as possible. Falsified information may result in the student being placed on probation by the Scholarship Committee. Please complete and return this form to the above address, fax, or email. Your assistance is greatly appreciated. Thank you!

Budget Period From: _____ To: _____ Beginning On: _____

Resources:

Parental Contribution _____
Student Contribution _____
Spouse Contribution _____
VA Benefits _____
SS Benefits _____
TANF _____
Scholarships _____

Pell _____
CWS _____
NDSL _____
SEOG _____
Voc. Rehab _____

Total Resources _____

Cost:

Tuition _____
Fees _____
Books _____
Room _____
Board _____
Travel _____
Misc. _____
Total Cost _____

This student is not eligible for PELL due to: _____ **Unmet Need:** _____

This student is: O ***Dependent*** O ***Independent*** O ***Full Time*** O ***Part Time***

Our Institution is on (check one): Semester ___ Quarter ___ Trimester __ Other

If the student is approved for financial assistance, should the check be made out in the student's name, or the college's name? _____

_____
Name of Institution

_____
Mailing Address **City** **State** **Zip**

_____
Signature of Financial Aid Officer **Email** **Date** **Phone**