

**Mohawk Higher Education Program
St. Regis Mohawk Tribe
412 State Route 37
Hogansburg, New York 13655
518-358-2272
Fax 518-358-3203**

Thank you for reapplying to the Mohawk Higher Education Program.

To reapply, you complete the application (page 2).

Attach a copy of your last semester's grade report.

Complete the top portion of the Financial Aid Form (page 3) and then have your college's financial aid office complete the bottom portion.

Return prior to the application deadlines:

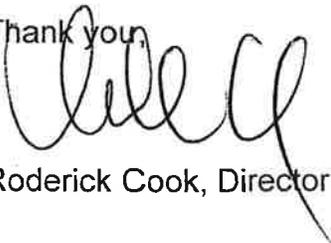
July 15th for the fall semester.

October 15th for the spring semester- if you did not apply for the fall semester.

You must maintain as a freshman a 2.0 GPA and carry a minimum 12 credit hours

Sophomores, juniors and seniors must maintain a 2.5 GPA and carry a minimum of 12 credit hours.

Thank you,



Roderick Cook, Director

United State Department of the Interior
Bureau of Indian Affairs

HIGHER EDUCATION GRANT APPLICATION

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 Middle Maiden

Address: _____ Telephone: _____
Street City State Zip

Date of Birth: _____ Sex: _____ Marital Status _____ Single _____ Married _____ Divorced/Separated

No. of Dependents: _____ Veteran _____ Yes _____ No State of Residency _____

Tribal Affiliation: _____ Enrollment Number: _____

Home Agency & Address: _____

Name and Address of High School: _____

Type of High School: _____ Public _____ Tribal _____ Private _____ Mission _____ BIA _____ GED

E-mail address: _____

APPLICATION REQUEST 20 _____ 20 _____

Academic Year _____ Fall only _____ Spring Only _____ Summer _____ Full Time _____ Part time

Name and Address of College selected: _____

College Major: _____ Expected Graduation Date: _____

Expected Degree _____ AA _____ BS _____ BA _____ MA _____ Other: _____

Year in College: _____ freshman _____ sophomore _____ junior _____ senior

I will live: _____ on campus _____ off campus

Have you received a BIA grant before? _____ Yes _____ No If yes, in what years? _____

Number of semester hours earned? _____ Quarter hours: _____

STATEMENT OF PURPOSE

I declare that I will use any funds I receive under the BIA Higher Education Grant Program solely for expense connected with attendance at:

Name of Institution: _____

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 may preclude the applicant from eligibility under this program.

This information is being collected to determine eligibility of individuals applying for services. This information will be used to produce statistical records required to the Office of Indian Education Programs. Response to this request is required to obtain benefit. 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 BIA grant awarded me be mailed to me in care of the financial aid office of the institution. I will provide a copy of my grades or transcript to the BIA Higher Education Office at the end of each term.

Signature of Student: _____ Date _____

Financial Aid Recommendation Form

THIS SECTION IS TO BE COMPLETED BY THE STUDENT

Name _____ Social Security Number _____

Home Address _____
Street City State Zip Code

Phone Number _____ Year in College _____ Major _____

I have applied to the St. Regis Mohawk Higher Education Program for financial assistance. The St. Regis Higher Education Program will need additional financial aid information as listed in Part II before assistance can be awarded. When all the information is on file in your office, please have your **FINANCIAL AID OFFICE** complete and forward Part II to the address below.

_____ Date _____ Signature _____

St. Regis Mohawk Higher Education Program
412 State Route 37
Akwasasne, New York 13655
Attn: Roderick Cook

Telephone 518-358-2272
Fax 518-358- *3203*

THIS SECTION IS

*******TO BE COMPLETED BY THE FINANCIAL AID OFFICE*******

Budget Period From _____ to _____

Pell Grant	\$ _____	Tuition	\$ _____
TAP	\$ _____		
SEOG	\$ _____	Fees	\$ _____
C.W.S.	\$ _____	Books	\$ _____
Parent Contribution	\$ _____	Room	\$ _____
Student Contribution	\$ _____	Board	\$ _____
Perkins Loan	\$ _____	Misc.	\$ _____
Stafford Subsidized	\$ _____	Total	\$ _____
Stafford Unsubsidized	\$ _____		
NYS Indian Aid	\$ _____		
Scholarship	\$ _____		
Other	\$ _____		
Total	\$ _____		

We recommend the St. Regis Mohawk Education Program Award \$ _____

_____ Financial Aid Counselor _____ Name of Institution _____ Date _____
_____ Telephone Number _____