

SAULT TRIBE HIGHER EDUCATION 2013-2014 CHECKLIST!!

JAN/FEB:

- Submit FAFSA application by deadline (Michigan's is March 1st).

APRIL/MAY:

- ~~Submit a 2013-2014 Application.~~
- ~~Submit a new W-9 form.~~
- ~~Submit a copy of my Sault Ste. Marie Tribe of Chippewa Indians Card.~~
- ~~Write and submit a 300-500 word essay on the topic:~~
“What does being Indian mean to you in terms of a connection to the land, language, culture, and family? If you do not have a connection to your tribe, can you address possible reasons why this happened and how you would establish a reconnection?”

You must follow the assigned topic and can not exceed 500 words in order to be eligible.

PRIOR TO JUNE 1ST:

- ~~Scholarship DEADLINE!! (Make sure application, W-9, Tribal Card, & Essay were submitted prior to 5 PM on 6/1/13).~~
- ~~Submit a copy of your Transcript if you are applying for any of the following scholarships: Pamela Cable Gershon Scholarship, Fred L. Hatch Memorial Teacher Education Scholarship, Joseph K. Lumsden Memorial Scholarship, or the George K. Nolan Tribal Judicial Scholarship.~~
- ~~Submit a copy of your ¼ Indian blood quantum certification letter (must be certified by the Sault Tribe Enrollment office) if you are applying for the Fred L. Hatch Teacher Education Scholarship or the Joseph K. Lumsden Memorial Scholarship.~~
- ~~Submit a letter from your physician, mental health provider, or special education professional documenting a physical or emotional disability if you are applying for a special needs scholarship.~~

PRIOR TO JULY 1ST:

- ~~Grant Program DEADLINE!! (Ensure that your application, W-9, Tribal Card were submitted prior to 5 PM 7/1/13).~~

BETWEEN DECEMBER 1ST AND JANUARY 31ST:

- Submit your grade report for your Fall Semester classes. It must include student's full name, name of college, term (should say Fall 2013), number of credit hours, and the grade that you received in each class.
- Student must complete a 2013-2014 application, W-9, and copy of tribal card unless they already filed one out earlier in the year.
- Save documentation of having sent these items to our office. It is your proof of having followed the procedures in case your paperwork is missed in our office.

AWARD TIMEFRAMES:

- ~~➤ Scholarships can not be awarded until after the drop/add class deadline in Mid-September. Winners will be selected by June 1st but can not received their award until October 1st unless they choose to received their award at the annual Sault Tribe Golf Fundraiser dinner which is hosted by our sponsors.~~
- ~~➤ Grant recipients will not be determined until after the drop/add class deadline at the student's college. Therefore, grant monies can not be awarded until mid-October.~~
- Self-Sufficiency Incentive Awards will be processed by the end of March. All grade reports submitted between December 1, 2013 and January 31, 2014 will be processed as long as the student has submitted all other required paperwork. We can not accept early or late grade reports.

PLEASE NOTE:

- ❖ Students will be required to submit all new paperwork every year to ensure that we are using the student's most current information and the paperwork will be valid from February 1, 2013 until January 31, 2014. The paperwork maybe used for all 3 programs: scholarships, grants, and self-sufficiency incentive award.
- ❖ Students must complete and sign their application and W-9 forms. We can not accept forms completed by parents or spouse.
- ❖ We can not release student information to parents or spouse unless their names were listed on the students' application in the authorization section.

CONTACT INFORMATION:

Mail: Brandi MacArthur, Higher Education Department, 523 Ashmun Street, Sault Ste. Marie, MI 49783

Email: BMacArthur@saulttribe.net

Phone: 906-635-6050 Ext. 26312

Fax: 906-635-7785

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|---|--|---|
| SCHOOL YEAR From: Aug./Sept. <u>2013</u> To: April/May <u>2014</u> | HIGHER EDUCATION ASSISTANCE APPLICATION SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS 523 Ashmun St., Sault Ste. Marie, MI 49783 Telephone: (906) 635-7784 Fax: (906) 635-7785 | SAULT TRIBE SECTION (Applicant Leave Blank) _____ Date Received |
|---|--|---|

INSTRUCTIONS: PRINT in INK, or TYPE, and return to the above address. WE WILL NOT ACCEPT INCOMPLETE APPLICATIONS.

GENERAL STUDENT INFORMATION

| | | | | | |
|--------------------|--------|------|--------|------------------|----------------------------|
| NAME: FIRST | MIDDLE | LAST | MAIDEN | BIRTHDATE | SOCIAL SECURITY NO. |
|--------------------|--------|------|--------|------------------|----------------------------|

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|-----------------|--------|------|-------|----------|
| ADDRESS: | STREET | CITY | STATE | ZIP CODE |
|-----------------|--------|------|-------|----------|

Address changes: The address on this application must match the address on your Substitute W-9 form. If you have a name or address change, we will not update your information without a W-9 form. We will not process your incentive award without an updated W-9 form on file!

| | | |
|-------------------------------------|---|----------------------------|
| HOME PHONE NO. (_____) _____ | CELL / OTHER PHONE NO. (_____) _____ | EMAIL ADDRESS _____ |
|-------------------------------------|---|----------------------------|

| | | | |
|---------------------------------|---|--|---|
| STATE OF RESIDENCY _____ | MARITAL STATUS SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> | GENDER FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> | DATE REC'D HS DIPLOMA _____ DATE REC'D GED _____ |
|---------------------------------|---|--|---|

All Applicants: DID YOU COMPLETE FOR THE *FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA)*? YES NO NOT SURE
 Michigan Residents only: ARE YOU ELIGIBLE FOR MICHIGAN INDIAN TUITION WAIVER PROGRAM? YES NO NOT SURE

SCHOOL INFORMATION

NAME & ADDRESS OF COLLEGE: _____

THE DEGREE YOU'LL BE WORKING TOWARD (The highest degree you can achieve at a community college is an Associates):
 CERTIFICATE ASSOCIATES BACHELORS MASTERS MEDICAL LAW PHD OTHER (specify) _____

ANTICIPATED MAJOR AREA OF STUDY (Do Not Leave Blank): _____ **MINOR (if any):** _____

DO YOU ALREADY HAVE A DEGREE? YES NO IF YES, WHAT _____ WHEN? _____

GRADE LEVEL YOU WILL BE ENTERING (Check FRESHMAN if you have never previously attended college):
 FRESHMAN (0 to 25 earned credits) SOPHOMORE (26-55 earned credits) JUNIOR (56-87 earned credits) SENIOR (88 plus earned credits)
 GRADUATE STUDENT MEDICAL STUDENT LAW STUDENT PHD

| | | |
|---|---|---|
| ENROLLMENT STATUS: FULL TIME (12 or more credits) <input type="checkbox"/> PART TIME (Less than 12 credits) <input type="checkbox"/> | # OF CREDIT HOURS & G.P.A.: ACCUMULATIVE COLLEGE CREDITS EARNED: _____ ACCUMULATIVE GPA: _____ | ANTICIPATED GRADUATION DATE: MONTH _____ YEAR _____ |
|---|---|---|

ESTIMATE CREDIT HOURS YOU PLAN TO TAKE FOR THE ACADEMIC YEAR. USE "0" TO INDICATE SESSIONS YOU DO NOT PLAN TO ATTEND: PLEASE DO NOT CHECK THESE BOXES OR LEAVE THEM BLANK AS WE CAN NOT PROCESS YOUR APPLICATION WITHOUT THIS INFORMATION.

SEMESTER SCHOOL (Two 15-week sessions) # of Cr. Hrs. FALL _____ # of Cr. Hrs. WINTER _____
 TERM SCHOOL (Three 10-week sessions) # of Cr. Hrs. SPRING _____ # of Cr. Hrs. SUMMER _____

SIGNATURE & AUTHORIZATION

I DECLARE THAT THE INFORMATION GIVEN BY ME ON THIS APPLICATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE, CORRECT AND COMPLETE. I AM AWARE THAT THIS INFORMATION MAY BE SHARED WITH THE SCHOOL I AM ATTENDING, THE BUREAU OF INDIAN AFFAIRS, AND THE SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS. I ALSO DO HEREBY, GIVE MY AUTHORIZATION FOR MY SCHOOL, TO RELEASE MY FINANCIAL AID INFORMATION AND MY GRADE REPORTS OR TRANSCRIPTS, TO THE SAULT STE. MARIE TRIBE OF CHIPPEWA INDIAN'S HIGHER EDUCATION DEPARTMENT. I ALSO HEREBY GIVE AUTHORIZATION TO THE TRIBE TO RELEASE MY EDUCATIONAL AND FINANCIAL INFORMATION TO THE FOLLOWING INDIVIDUAL(S):
 (List parent's name and/or spouse's name):

 STUDENT'S SIGNATURE: _____ DATE: _____

**SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS
EDUCATION DEPARTMENT**

523 Ashmun St.
Sault Ste. Marie, MI 49783

Phone: (906) 635-7784 Fax: (906) 635-7785

Taxpayer Identification Number Request (Substitute Form W-9)

Please help us upgrade our records by completing the following information. We are required by law to obtain this information from you. If you do not provide us with this information, your payments may be subject to 28% federal income tax backup withholding. You may also be subject to a \$50 penalty imposed by the Internal Revenue Service for failure to provide us with your correct Tax Payer Identification Number.

Instructions: Find your tax status and fill in the boxes to the right of your tax status. Complete the address section. Sign and date the form, and please fax the completed form to us at (906) 635-7785 or mail to the above address. Please put to the attention of the Education Department.

IMPORTANT: YOU MUST USE THE LEGAL NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD OR FORM CP 575. THE SAULT TRIBE WILL ONLY ISSUE CHECKS TO LEGAL NAME OF RECORD THAT MATCHES THE CORRESPONDING SOCIAL SECURITY NUMBER OR I. D. NUMBER.

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|--|---|--|--|
| P | INDIVIDUAL | Individuals Legal Name: * _____ | Social Security Number: * _____ - _____ - _____ |
| P | SOLE PROPRIETOR WITH NO FEDERAL EMPLOYER I.D. # | Owner's Legal Name: _____ | Social Security Number: _____ - _____ - _____ |
| IMPORTANT: COMPLETE ONLY THE SOLE PROPRIETOR SECTION THAT APPLIES, DO NOT COMPLETE BOTH | | | |
| N | SOLE PROPRIETOR WITH FEDERAL EMPLOYER I. D. # | Business Name: _____ | Federal Employer I. D. Number: _____ - _____ |
| N | PARTNERSHIP | Legal Name of Partnership: _____ | Partnership I. D. Number: _____ - _____ |
| NorC | CORPORATION | Legal Name of Corporation: _____ | Federal Employer I. D. Number: _____ - _____ |
| NorC | PROFESSIONAL CORPORATION | Legal Name of Professional Corporation: _____ | Federal Employer I. D. Number: _____ - _____ |
| C | TAX-EXEMPT ENTITY (CHECK ONE) <input type="checkbox"/> Charitable Corporation <input type="checkbox"/> Governmental Division <input type="checkbox"/> Association <input type="checkbox"/> OTHER: _____ | Legal Name of Entity: _____ | Federal Employer I. D. Number: _____ - _____ |
| C | | _____ | |
| C | | _____ | |
| C | | _____ | |

Address: * _____

City: * _____ State: * _____ Zip: * _____

Person completing this form: * _____ Title: * SELF

Signature: * _____ Date: * _____

Phone Number: * _____ Fax Number: _____

Email: ^ _____ PLEASE COMPLETE SECTIONS THAT HAVE A *

FOR SAULT TRIBE USE ONLY

TYPE: _____ OTHER: _____ VENDER #: _____

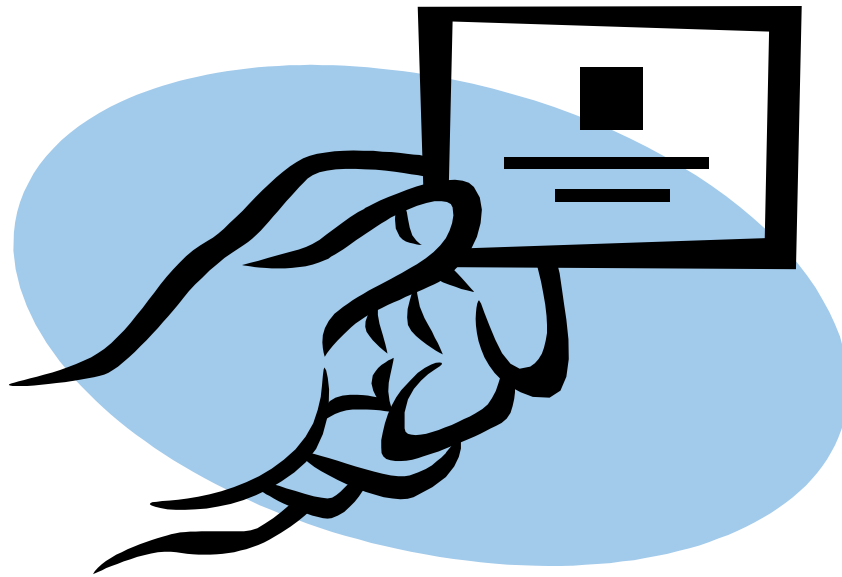
S.T. CONTACT PERSON: Brandi MacArthur LIST PHONE NUMBER & EXTENSION: 906.635.7784 ext. 26312

RESPONSIBLE COST CENTER: 905 PROGRAM NAME: Higher Education

SEND ORIGINAL TO: SAULT TRIBE EDUCATION, 523 ASHMUN STREET, SAULT STE. MARIE, MI 49783



SAULT TRIBE HIGHER EDUCATION



*Students MUST submit a copy of their tribal card when applying for our program. Please do not send the original card.

**Please do not assume that we have your card on file. We do not keep any information on file from one year to the next.

***We will not accept expired cards. You must contact Sault Tribe Enrollment Office to renew your card or replace a lost card (906) 632-8552.

****Please do not send copies of your driver license or social security card or copies of your family member cards.