P.L. 102-477 – Scholarship

How to apply:

Complete intake form including supporting documentation and return:

- In person at Oshkiimaajitahdah
- by mail to P.O. Box 416 Redby, MN 56670
- fax to 218-679-4317
- E-mail to 477@redlakenation.org

Office Hours 8:00 a.m. – 4:30 p.m.

Monday – Friday

Telephone: 218-679-3350

Scholarship Checklist (use this to mark off all items for your application)

Application for Education or Training	
Complete 102-477 Intake Application Form	
Scholarship Application Policy and Procedure Form for __ Undergraduate or __Graduate (check one) Only sign the policy form for which degree you are pursing	
Tennessen Warning/Data Privacy Statement	
Registered with Selective Services Registration (males 18-25 years old; www.ssa.gov)	
Identification	
Tribal Enrollment Verification	
High School Diploma/GED Verification	
Acceptance Letter	
Verification of FAFSA (need this updated each time you apply)	
Class Schedule	
Verification of Minnesota Indian Scholarship (www.ohe.state.mn.us) and Budget form (page 2 of the application) completed by financial aid office. (If applicable)	
Grades/Transcripts (from previous college if applicable)	

Scholarship Application Policy for Undergraduate Student

Fall semester Deadline: Third Friday in September

Spring Semester Deadline: Third Friday in February

The award will be sent to the institution for disbursement after all the students documentation is submitted to Oshkiimaajitahdah and the file is complete. The maximum award will be issued based on the unmet need submitted by the institutions financial aid office. A student with no unmet need as determined by the institutions financial aid office or a student with an SAI (Student Aid Index) of $10,000 or more are not eligible.

Funding award amounts are:

Credits	Undergraduate
12 or more	$1,800.00
9-11	$1,350.00
6-8	$900.00

All students classified as fulltime must be enrolled in 12 credits or more, and continue with a grade point average (GPA) of 2.0 or better. Students classified as part time students with less than 12 credits but more than 6, and continue with a grade point average of 2.0 or better.

If a student falls below a 2.0 GPA or 12 credits in a semester, will be placed on academic probation for the subsequent semester in which the student must continue to attain a 2.0 GPA or better. The second time a student is placed on academic probation they will have to complete the semester without the assistance of Oshkiimaajitahdah. Any student who received a scholarship from Oshkiimaajitahdah and withdraws or does not continue with classes after receiving funding will be placed on academic suspension for one (1) academic year.

Student who are in default status on a student loan will not be eligible for financial aid from Oshkiimaajitahdah.

Students who have experienced a hardship or emergency must have documentation from a qualified professional that it had a direct impact on their ability to comply with program requirements.

Individuals who are incarcerated are not eligible for funding through Oshkiimaajitahdah.

Any student that is denied funding can file a written appeal to Oshkiimaajitahdah within 30 days after being notified of denial.

_____

Student Signature Date

Scholarship Application Policy for Graduate Student

Fall semester Deadline: Third Friday in September

Spring Semester Deadline: Third Friday in February

The award will be sent to the institution for disbursement after all the students documentation is submitted to Oshkiimaajitahdah and the file is complete. The maximum award will be issued based on the number of enrolled credits. A student with unmet need as determined by the institutions financial aid office is eligible. If the student has unmet need and is ineligible for financial aid the disbursement will be mailed directly to the student. Oshkiimaajitahdah will only grant the award on your first attempt at your masters until completion.

Funding award amounts are:

All Graduate Students Will Receive $3,600

All students must continue with a grade point average (GPA) of 2.0 or better. Graduate students must provide verification they are enrolled in a program pursuing a higher degree after their bachelors.

If a student falls below a 2.0 GPA they will be placed on academic probation for the subsequent semester in which the student must continue to attain a 2.0 GPA or better. The second time a student is placed on academic probation they will have to complete the semester without the assistance of Oshkiimaajitahdah. Any student who received a scholarship from Oshkiimaajitahdah and withdraws or does not continue with classes after receiving funding will be placed on academic suspension for one (1) academic year.

Students who are in default status on a student loan will not be eligible for financial aid from Oshkiimaajitahdah.

Students who have experienced a hardship or emergency must have documentation from a qualified professional that it had a direct impact on their ability to comply with program requirements.

Individuals who are incarcerated are not eligible for funding through Oshkiimaajitahdah.

Any student that is denied funding can file a written appeal to Oshkiimaajitahdah within 30 days after being notified of denial.

_____

Student Signature Date

P.L. 102-477 INTAKE APPLICATION

Personal Information CIF#_____ MAXIS #:_____

Name:_____Social Security #_____

Address: _____ Phone: _____

_____ Email: _____

Male: _____ Female: _____ Date of Birth: _____

Native American: _____ Tribe: _____ Address: _____

Single adult: _____ (age 22 or older) Youth: _____ (age 21 or under)

Are you registered with the Selective Service System? Y____N____ (Males 18 – 25 are required to register.)

Family Status

Teen Parent: _____ One-parent family:_____ Two Parent Family:_____

Total in Household: _____

List all members of your household (including birthdates):

_____ _____

_____ _____

Employment Status

Currently working: Yes_____ No_____ Hourly wage of current job: _____

Last date worked: _____ Last hourly wage: _____ Laid-Off: Yes_____ No_____

Education Status

High School Diploma or GED: _____ Date Received: _____

Dropped Out of High School: _____ Highest Grade Completed: _____

Education Information

Attended Post High School in the Past: Yes____ No____ Dates: _____

School: _____ Grad? Y__N__ Credits earned: _____

Name of College You Plan To Attend: _____

College Major: _____ Course of Study: _____

Date Classes Begin: _____ Full Time: Yes____ No____ Part Time: Yes____ No____

Year(s) in College/Voc. School: 1__ 2__ 3__ 4__ Expected Grad. Date: _____

Have You Received a Tribal Scholarship Before? Yes__ No__ When? _____

I will contact the financial aid office of the institution I have selected and will apply for any and all other assistance available to me. I will request that the financial aid office notify my tribe of any financial need and aid the school offers me. I further certify that the above information provided to the institution by me may be shared with the appropriate agencies, and I will provide my tribe with a complete unofficial transcript at the end of the academic year and at any other time that it is requested. I request that any grant awarded to me may be mailed to me in any case that my institution's financial aid office is unable to accept due to meeting certain requirements. I authorize the Red Lake Nation to provide prospective employers with my name, address, and course of study upon completion of my degree.

_____ _____

Applicant Signature Date

_____ _____

Case Manager Signature Date

Employment History

List of Jobs You Had In the Past:

1.) Job Title: _____ Employer: _____
Responsibilities: _____
Skills used: _____
Date Hired: _____ Date job ended: _____

2.) Job Title: _____ Employer: _____
Responsibilities: _____
Skills used: _____
Date Hired: _____ Date job ended: _____

3.) Job Title: _____ Employer: _____
Responsibilities: _____
Skills used: _____
Date Hired: _____ Date job ended: _____

CERTIFICATION: I certify the information given is true to the best of my knowledge. I understand that the information provided is subject to review and verification and I may have to provide documents to support this intake. I am also aware that I am subject to termination for one (1) year if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I agree to supply information regarding resources and income and will notify Oshkiimaajitahdah of any changes in my (our) situation. This authorization is to disseminate employment and educational information to potential employers and educational institutions for the purpose of assisting me in obtaining assistance, training, education or employment.

_____
Signature of Applicant/Date

CERTIFICATION FOR ELIGIBILITY FOR SERVICES

I certify that this individual has met the application requirements and based on all information received through the intake interview process, this person is eligible for 102-477 services.
The determination is based on the Employment Barriers and the following criteria:
Native American____Unemployed____Econ. Disadvantaged____TANF recipient____ (Child/Adult)

_____
Case Manager Signature/Date

Tennessen Warning/Data Privacy

DATA PRIVACY RIGHTS FOR APPLICANTS/RECIPIENTS OF THE OSHKIIMAAJITAHDAH PROGRAM

YOUR RIGHTS:
Under the Minnesota Data Privacy Act, you have the right to know how the information you provide on your application will be used. The information you provide on the application for a program is classified as private under Minnesota law and cannot be disclosed with your permission, expect as provided below.

PURPOSE AND USE:
The information on the application will be used to determine your eligibility for the program and level of assistance. Information you provide will also be used for statistical and research purposes and will not reveal any personal identifying information and you or members of your household.

WHAT IS REQUIRED:
We encourage you to answer all the questions because your correct answers will enable us to properly verify and prioritize your application. Emergency phone, language spoken in the home, township, and number of persons employed in the household, race, years of education and child's schools are optional. However, this information is requested for the purpose of you.
Your response will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in effective non-discriminatory manner. Number/Code/Status blanks are office use only. We may not be able to properly process your application without all other information.

WHO WILL HAVE ACCESS:
Tribal staff and county, stat (or federal) employees, whose job requires access to your application as well as auditors, may have access to your application. These people are all required not to disclose any personal information about you or members of your household. State and/or federal employees and auditors may review applications to ensure that the Oshkiimaajitahdah programs are serving properly.

The Oshkiimaajitahdah TANF system for collecting and utilizing personal participant data is limited to facilitate efficient administration of the program, while simultaneously safeguarding the privacy of its subjects. As mandated by Minnesota Government Data Practices Act of 1974, the program has established a system for data management methods and procedures outlined below.

TYPES OF DATA MAINTAINED:
The following type of data may be contained in participant files. This is compilation of data requested on all forms by this program, and collectively required by funding purposes.

1) Name

2) Social Security Number
3) Tribal affiliation
4) Medical reports and information to relative to Employment & Training
5) Psychological reports relative to Employment & Training
6) Home telephone number
7) Home address
8) Household income (gross family income)
9) Age
10) Sex
11) Housing situation (own, rent...)
12) Number and relationship of household members
13) Name and relationship of household members
14) Handicap
15) Nature and dollar amount of assistance received
16) Copies of bills submitted for reimbursement
17) Source of income
18) Substance Abuse history relevant to Employment & Training
19) Criminal and traffic violations relevant to Employment & Training
20) Date of enrollment
21) Past/Present work history
22) Veteran status
23) Educational levels
24) Participation in other programs relative to employability, planning and funding

RECORD RETENTION:

A. All past and present participation records will be reviewed quarterly.
B. At no time will any employee of Oshkiimaajitahdah collect data on or maintain a private file on any participant of the program.

SECURITY:

Participant files are stored in locked cabinets located in the Oshkiimaajitahdah central file room are unlocked at the beginning of the work day and locked at the end of the day. Program staff are responsible for the program file, its contents and the internal and external access and security.

Verification the participant has been informed of the Tennessen Warning is indicated by their signature below.
Tennessen Warning will be given to the participant to keep. The signature page will be kept in the program file.

UNDERSTANDING Tennessen Warning/Data Privacy:

I HAVE RECEIVED, READ AND UNDERSTOOD THE ABOVE "Tennessen Warning/Data Privacy" STATEMENT.

_____ _____

Signature of Applicant **Date**

_____ _____

Case Manager **Date**

REQUEST FOR CERTIFICATION OF TRIBAL ENROLLMENT

I give the Tribal Enrollment Office permission to verify my enrollment information for Oshkiimaajitahdah

Applicant Please Print Clearly

Name_____
First M.I. Last

Date of Birth: _____/_____/_____

Complete Physical Address: _____

_____

Affiliated Tribe:_____

I give the Tribal Enrollment Office Permission to certify my Tribal/Enrollment/Membership Information for Oshkiimaajitahdah.

Sign/Date_____

TO BE COMPLETED BY THE TRIBAL ENROLLMENT DEPARTMENT ONLY

(_____) Is an enrolled member of the Red Lake Band of Chippewa Indians
(_____) Is an enrolled member of _____
(Print Affiliated Tribe)
(_____) Is not an enrolled member, according to our enrollment records

I Certify that above information is to be true and correct. This information is taken from the membership rolls of the Red Lake Band of Chippewa Indians or other Federally Recognized Tribe.

_____ _____
Certifying Official/Enrollment Department *Date*

This form may be faxed back to Oshkiimaajitahdah at: (218) 679-4317

Staff Requesting Verification: _____

OSHKIIMAAJITAHDAH

Miskwaagamiiwi-zaaga'iganiing Bemijigamaag

Request for Assistance

Name: _____ Date: _____

Address: _____

Phone: _____ E-mail: _____

Maxis#: _____

Brief Description of the assistance you are requesting:

_____

_____ _____

Applicant Signature/Date Case Manager Signature/Date

FOR OFFICE USE ONLY

Estimated Cost Requested: _____

Assistance Purpose Description: _____

Name of Vendor: _____

Address: _____

Eligibility Determined: YES / NO Complete File: YES / NO Compliance: YES / NO

File Audit conducted by: _____ Date: _____

Request reviewed by: _____ Date: _____

Approved / Denied Reason if denied: _____

Request approved by: _____ Date: _____

Accounts Payable Funding Type:

102-477 TANF TERO Other: _____

Oshkiimaajitahdah Higher Education Department
Out of State Budget
15525 Mendota Ave.
P.O. Box 416 Redby, MN 56670
Phone: 218-679-3350 – Fax Number: 218-679-3202
(Undergraduate Budget Sheet – Financial Aid Office Use Only)

Student Name: _____ SSN: _____ Resident: _____

Institution Name and Address: _____

ISIR Processing Date: _____ Academic Year: _____

Type of Budget: _____ Today's Date: _____ Tribal Scholarship: _____

Person Completing Form: _____ Phone Number: _____

Enrollment (FT, 3/4th, ½, ineligible): _____ Budget Period: _____

Resources:

Cost of Attendance for Budget Period: _____

Parent Contribution: _____

Student Contribution: _____

Total of Parent and Student Contribution: _____

Terms	FALL	SPRING	OTHER	TOTAL
Start Date of Term(s)				
Assessed Need				
PELL				
SEOG				
Federal & State				
Financial Aid				
Balance: (Remaining Need)				

Comments: _____

Tribal				
Terms	FALL	SPRING	OTHER	TOTAL
Date				
Tribe				

OFFICE OF HIGHER EDUCATION

1450 Energy Park Drive, Suite 350. St. Paul, MN 55108
Phone: (651) 642-0567
Toll Free: (800) 657-3866
Fax: (651) 642-0675

Minnesota Indian Scholarship Program Application

2024-2025

Application

Page 2 – College or University Section

Student Info

Student Name	Social Security Number (last 4 digits)
College or University Name	Federal School Code

Financial Aid Office Verification of Student Status – All Information Required

Is the student a Minnesota Resident Student for State Financial Aid purposes?	☐ Yes ☐ No
Current Student FA Eligibility Status:	☐ Eligible ☐ Academic Suspension ☐ In Default on Federal or State Loan ☐ Other
Current degree student is seeking:	☐ Certificate/Diploma ☐ Associate's ☐ Bachelor's ☐ Graduate/Master's ☐ Doctorate/Professional

Financial Aid Office Student Budget Data – All Information Required

Important:	List **all** other grants, scholarships, and institutional aid the student is receiving or is expected to receive. **Do not** list state or federal work-study or federal, state, or private loans. **Term Start Date** determines MISP disbursement date. **Enrollment level** used to confirm student eligibility each term.			
Budget Period:	From:	To:	Title IV Cost of Attendance (COA) for this term:	$
Resources:	Parent Contribution: $	Student Contribution: $	Total Resources (EFC):	$

Terms		**Summer 2 (2024)**	**Fall**	**Winter**	**Spring**	**Summer 1 (2025)**	**Total**
Start Date							
Enrollment Level (FT, 3QT, HT)							
Assessed Need (COA – EFC)							$
Federal/State/ College/Private/ Tribal Or Other Gift Aid	**Pell**						$
	SEOG						$
	MN ST GT						$
							$
							$
							$
							$
Balance							$

Financial Aid Office Certification

Authorized Official (Please Print):	Phone Number:
Signature	Date

Additional Institutional Comments:

Tribal and MISP Funding (For Tribal Official or MISP Use Only)

Terms	**Summer 2**	**Fall**	**Winter**	**Spring**	**Summer 1**	**Total**
Date						
Tribe/Band						$
MISP						$

Comments:

Boozhoo students!

All students have the right to attain a higher education and to make sure to know all of your options below is a website and other scholarship application opportunities you can review or apply to see if you are eligible for any additional aid to your college fund.

Website link is Association on American Indian Affairs – www.indian-affairs.org

- Scroll down to the Scholarship link
- Click on the link and it will bring you to the application
- It will also inform the deadline date for each year

Minnesota Indian Scholarship http://www.ohe.state.mn.us

- Hoover over Paying for College tab
- Click on Financial Aid you don't Repay
- Scroll down to Scholarships
- Click on Minnesota Indian Scholarship
- Scroll down and complete the online application

American Indian College Fund www.collegefund.org

- Hoover over For Students
- Click scholarships
- Scroll down to apply

American Indian Scholars Program https://www.ohe.state.mn.us/mPg.cfm?pageID=2598

Keep in mind that all scholarships have eligibility criteria. There are also local scholarships you may be eligible to apply for. Contact your financial aid office for more details.