HIGHER EDUCATION APPLICATION
NORTHERN CHEYENNE TRIBAL EDUCATION DEPARTMENT
P.O. BOX 307
LAME DEER, MONTANA 59043
www.cheyennenation.com
(406) 477-6567 (406) 477-6602 (406) 477-6643 (406) 477-6770 Fax (406) 477-8150 1-(800) 353-8183

Last Name_____ **First Name**_____ **Middle**_____ **Maiden**_____

Permanent Address_____ **Current Address**_____

City_____**State**_____**Zip**_____ **City**_____ **State**_____**Zip**_____

Social Security_____-_____-_____ **Enrollment Number/Degree**_____

Date of Birth_____ **Telephone Number**_____ **Sex: Male** ◯ **Female** ◯

Marital Status: S ◯ **M** ◯ **W** ◯ **D** ◯ **Separated** ◯ **Type of High School: BIA** ◯ **Tribal Contract** ◯ **Private** ◯

Public ◯ **High School Attended:** _____ **Year Graduated** _____

GED ◯ **Home Schooled** ◯ **Date Received:**_____

Student will attend College/University: _____**Fall** ◯ **W** ◯ **SP** ◯ **SU** ◯ **Year** _____

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

Status: FR ◯ **SP** ◯ **JR** ◯ **SR** ◯ **Graduate** ◯ **Major Course of Study** _____

I attended another college/ training program? Yes ◯ **No** ◯ **If yes, Where?**_____**When?**_____ **Major**_____
Students must do a transcript evaluation if they attended another training program, college or university.

I have been funded by the Tribal Education Department? Yes ◯ **No** ◯ **Where?**_____**When?**_____**Major**_____

DEPENDENTS WHO WILL BE LIVING WITH APPLICANT AT SCHOOL

Name _____**Relationship**_____ **Birth Date** _____

Name _____ **Relationship**_____ **Birth Date**_____

Name _____ **Relationship** _____ **Birth Date** _____

STATEMENT REGARDING DISCLOSURE OF PERSONAL INFORMATION

Disclosure by you of your social security number, transcript or school grades, medical records, income information, veteran status, arrest record, debt, disability evaluations and other information which may have a bearing on your application for schooling is voluntary. Failure to provide requested material may result in a delay or denial in receiving education assistance. The authority which authorizes collection of information is: CFR 25, 34.2 USC 13 and 309 831 AM 4. The information will be used to determine eligibility for services. It will be used by the Tribal Education Department and counselors to evaluate your request and assist you before and during your educational program. After completion of college, parts or all of the information in your application will be provided to employers who are considering you for employment. The application will be used in a routine manner by counselors working with you who need background information and by those people involved in financial control that need budgeting information contained in the application.

I AUTHORIZE THE USE OF INFORMATION AS STATED ABOVE:

_____ **Signature**_____ **Date** _____

E-Mail Address
5/1/25 (2)