**FINANCIAL AID PROCESS**
**HIGHER EDUCATION**

**The Northern Cheyenne Tribal Education Department and College/University Programs each have their own Financial Aid Process. Please use the following guide to help you complete all your documents to assure your funding will be ready when you register for college. KEEP THIS PAGE FOR YOUR RECORDS AND INFORMATION.**

**STUDENTS DO NOT DEPEND ON SOMEONE ELSE TO COMPLETE YOUR PAPERWORK**
**KEEP COPIES OF ALL YOUR DOCUMENTS**

**TELEPHONE NUMBERS: 1-800-353-8183 406-477-6567 406-477-6643 406-477-6770 406-477-6602 FAX: 406-477-8150**
**Address: Northern Cheyenne Tribal Education Department, P.O. Box 307, Lame Deer, Mt. 59043**
**Web Site: www.cheyennenation.com**

## NORTHER CHEYENNE TRIBAL EDUCATION DOCUMENT REQUIREMENTS

- ☐ *Completed and submitted Tribal Education application by: **December 1-Fall October 1- Spring Sem/Winter Quarter- April 1 Summer**
- ☐ ***Final** Official High School/College transcripts/Copy GED Scores**.** ACT Scores **(Due June 30)**
- ☐ **Continuing students must submit an official Transcript**
- ☐ Previous students must have completed 12 credits With a 2.0 GPA and be in good standing with FA Before being considered for a Higher Education Scholarship. Does not apply to part time.
- ☐ ***One page written educational Goals**
- ☐ ***Copies of awards and achievements**
- ☐ ***Certificate of Degree of Indian Blood**
- ☐ Official Acceptance letter from college
- ☐ Proof of filing for financial aid FAFSA **October 1 * Can apply for the FAFSA.**
- ☐ ***FAFSA Summary SAI due March 31**)
  - **Tax Transcript if verified. Print all pages.**
- ☐ **Needs Analysis Due By May 31 for Fall Semester December 1 for Winter/Spring Semester May 1 Summer-**
- ☐ Recommend new and transfer students attend orientation sessions at the college/university
- ☐ **Student and parent apply for your User ID and Password to access your Financial Aid Information. Remember User Id and Password. Do Not Lose.**

**DEADLINE DATES: BEFORE DECEMBER 1ST – FALL QUARTER/SEMESTER**

**OCTOBER 1ST – WINTER/SPRING QUARTER/SPRING SEMESTER - APRIL 1ST-SUMMER SCHOOL**
**(Seniors needing credits to graduate from college if funding is available- others might be considered).**

## UNIVERSITY/COLLEGE REQUIREMENTS

- ☐ Decide on college/university by October 1st.
- ☐ Applied for admissions or re-admission. (send admission fee) Print copy for the Tribal Education Department
- ☐ Applied for Financial Aid at the college.
- ☐ Returned all required completed forms to the financial aid office **before December 1**.
- ☐ Student applied for housing and sent in deposit **(Deposit is the responsibility of the student)**
- ☐ Send final official transcripts for high school/GED scores
- ☐ College to the admissions office **by June 30th,**
- ☐ Assure the financial aid office at the college/university has received all required documents. Sign 3rd party release form for Financial Aid.
- ☐ Applied or re-applied for the Indian Fee Waiver.
- ☐ **Transfer student must do a transcript evaluation**
- ☐ Compass test
- ☐ Take ACT or SAT Test
- ☐ Sent immunization records to the college/university.
- ☐ Check your College e-mail frequently

**FAXED COPIES OF APPLICATION WILL NOT BE ACCEPTED. ORIGINAL SIGNATURES NEEDED**

**FEDERAL EXPRESS MUST BE POST MARKED BEFORE THE DEADLINES. Documents must be at the Tribal Education by the deadline dates.**

**REMEMBER TO PRINT YOUR ON-LINE DOCUMENTS.**

**ON-LINE APPLICATION DOCUMENTS WILL BE CONSIDERED BY THE TRIBAL EDUCATION OFFICE**

**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)**

**NORTHERN CHEYENNE TRIBAL EDUCATION DEPARTMENT**
**MUST BE COMPLETED BY THE APPLICANT TO BE ELIGIBLE FOR A SCHOLARSHIP**
**RELEASE OF INFORMATION FROM THE COLLEGE OR UNIVERSITY**

**Please sign each section for each quarter/semester you will attend the college/university.**

| Name of College/University | City | State | Zip Code |
|---|---|---|---|

| Student Name (Please Print Name) | Social Security # Student ID | Date |
|---|---|---|

I hereby apply for and agree to attend the college/university indicated above. **I will carry at least 14/16 quarter credit hours, 16/18 semester credit hours or the equivalent each college/university term**. I will to the best of my ability satisfactorily complete the courses which I have selected. I further agree that the Tribal Education Funds issued will be used for educational purposes or repayment will be made to the Tribal Education Department. I understand that the PELL and other funding available to me will be included when computing my financial aid package and I agree to use funds for the purposes intended. **I authorize the college/university to release grades, mid term progress reports, attendance information and financial information to a third party. Information can be sent to the Northern Cheyenne Tribal Education Department, Box 307, Lame Deer, Mt. 59043**

| SIGNATURE | DATE |
|---|---|

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| Name of College/University | City | State | Zip Code |
|---|---|---|---|

| Student Name (Please Print Name) | Social Security # Student ID | Date |
|---|---|---|

I hereby apply for and agree to attend the college/university indicated above. **I will carry at least 14/16 quarter credit hours, 16/18 semester credit hours or the equivalent each college/university term.** I will to the best of my ability satisfactorily complete the courses which I have selected. I further agree that the Tribal Education Funds issued will be used for educational purposes or repayment will be made to the Tribal Education Department. I understand that the PELL and other funding available to me will be included when computing my financial aid package and I agree to use funds for the purposes intended. **I authorize the college/university to release grades, mid term progress reports, attendance information and financial information to a third party. Information can be sent to the Northern Cheyenne Tribal Education Department, box 307, Lame Deer, Mt. 59043**

| SIGNATURE | DATE |
|---|---|

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| Name of College/University | City | State | Zip Code |
|---|---|---|---|

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| Revised 5/9/25 (3) | SIGNATURE | DATE |
|---|---|---|

## STATEMENT OF PRIVACY

The Privacy Act of 1974 requires each federal agency that maintains a system of information on individuals to inform those individuals as to:

A. The authority whether granted by statute, or by executive order of the President which authorizes the solicitation of the information and whether disclosure of such information is mandatory or voluntary;

B. The principal purpose or purposes for which the information is intended to be used;

C. The routine uses which may be made of the information, as published pursuant to Paragraph (4) (D) of this subsection and

D. The effects on him/her, if any, of not providing all or any part of the requested information.

The Northern Cheyenne Tribal Education Department Higher Education and Job Placement and Training Program operates under the general authority of 24 USC Chapter 13, 42 Stat. 208 P.L. 67-85 with specific legislation contained in 25 USC, Subchapter E, part 32 Administration of Education Loans, Grants and Other Assistance for Higher Education. In Accordance with the accountability required for administration of the funds appropriated for the program and in order to provide services to recipients and to declare eligibility, certain information is required of applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request. The applicant should understand that the intent of collecting and maintaining this data on individuals is for determining eligibility of the applicant and to provide the means for producing certain statistical records required of this office. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining higher education or vocational training scholarships under this program.

I have read the statement or privacy listed with the application form. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in this statement.

_____ _____

**WITNESS** **SIGNATURE OF APPLICANT**

_____

**ADDRESS**

_____

**DATE**

**STUDENT RELEASE FORM**

**I_____GIVE MY PERMISSION**
**(Signature)**

**FOR INFORMATION TO BE RELEASED TO THE NORTHERN CHEYENNE TRIBAL EDUCATION DEPARTMENT AT LAME DEER, MT.**

**RELEASE FORM**

**I_____ GIVE MY PERMISSION**
**(Print Name)**

**FOR MY PARENTS/GRANDPARENTS _____TO ACCESS INFORMATION FROM MY TRIBAL EDUCATION STUDENT FILES.**

**SIGNED _____ DATE:_____**
**(Signature)**

**RELEASE FORM**

**I_____GIVE MY PERMISSION**
**(PRINT NAME)**

**FOR MY PARENTS/GRANDPARENTS_____TO ACCESS INFORMATION FROM MY TRIBAL EDUCATION STUDENT FILES.**

**SIGNED _____DATE_____**
**(Signature)**

**5/21/25 (5)**

**HIGHER EDUCATION GUIDELINES**

**STUDENT**
**ACKNOWLEDGEMENT**

**THE HIGHER EDUCATION GUIDELINES ARE VERY IMPORTANT TO YOUR SUCCESS IN COMPLETING YOUR DEGREE. IT IS VERY IMPORTANT THAT YOU READ AND UNDERSTAND THE GUIDELINES TO ASSURE YOU STAY IN COMPLIANCE WITH THE HIGHER EDUCATION SCHOLARSHIP PROGRAM. THE GUIDELINES WILL ASSIST YOU THROUGHOUT YOUR EDUCATIONAL PROCESS.**

**NO FUNDING WILL BE PROVIDED UNLESS THIS DOCUMENT IS SIGNED AND RETURNED TO THE TRIBAL EDUCATION DEPARTMENT AS SOON AS POSSIBLE.**

**I HAVE RECEIVED AND READ THE HIGHER EDUCATION GUIDELINES. I UNDERSTAND MY RESPONSIBLITIES AND AGREE TO ABIDE BY THESE GUIDELINES .**

**SIGNED:**_____

**DATE:** _____