



SCHOLARSHIP PACKET

Student Name: _____ Date: _____

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Please provide the following:

- _____ Tribal I.D. & Other Photo I.D.
- _____ High School Diploma/GED
- _____ Acceptance Letter
- _____ FAFSA (Need this updated)
- _____ Class Schedule
- _____ Apply for Minnesota Indian Scholarship www.ohe.state.mn.us
- _____ Grades/ Transcripts (from previous College)
- _____ **** ALL Males 18 yrs + **** Must have a Selective Service Number on file. www.sss.gov

Date Client Enrolled into Program

Date Client Completed Program

Assigned Case Manager

Date Completed

In Order for your application to be considered or approved, all the items listed must be in file.

CASE MANAGERS HAVE 7 – 10 DAYS TO PROCESS PAPERWORK.

If you have any questions please feel free to contact our office. Monday-Friday 8:00-4:30

Application For: <input type="checkbox"/> Vocational Training <input type="checkbox"/> Higher Education (Check one)	RED LAKE BAND OF CHIPPEWA INDIANS OSHKIIMAAJITAHDAH 15525 Mendota Ave PO Box 416 Redby, MN 56670 Telephone: 218-679-3350 All information being requested is voluntary; however, failure to fully complete all applicable parts may result in delays in processing this application or make it impossible to process it.	(FOR OFFICE USE ONLY) Date received _____ Previous Services _____ _____ _____ _____ _____
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PART I – TO BE COMPLETED BY THE APPLICANT

Last Name Maiden			First	Middle	Soc. Sec. #	DOB	State of Residency
Address State			Street	City	Area code/Phone		Marital Status S M
Name of High School Year Graduated _____ GED _____		College Major		Vocational Course		Children or Dependent: List relationship	
Name of College or Voc. School you plan to attend:		Date classes begin _____ _____ Full Time _____ Part Time		Year in College/Voc. School _1_ _2_ _3_ _4_		1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	
Expected Graduation Date Month _____ Year _____		Have you received a Tribal Scholarship before? Yes _____ No _____ When? _____ Where? _____					
Father's Name		D.O.B		Tribal Affiliation:			
Mother's Maiden Name		D.O.B		Tribal Affiliation:			
Person to Contact in Emergency: Address _____ Phone _____				ATTENTION: If you are enrolled under a different name, what it is?			
Your expected monthly income while in school: Employment _____ Savings _____ Vocational Rehab _____ Veterans Benefits _____ Take Home Pay-Spouse _____ MFIP/TANF _____ Social Security _____ Other _____				Military Service? Dates: From _____ to _____			

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 aid 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 official transcript at the end of the academic year and at any other time as is requested. I request that any grant awarded me be mailed to me in care of the financial aid office of the institution I attend. I authorize the Red Lake Tribe to provide prospective employers with my Name, Address and Field of Study upon completion of my academic program. I further authorize the Red Lake Tribe to obtain my Indian blood quantum to determine my eligibility for services and financial assistance.

Applicant Signature

Date

PART II – TO BE COMPLETED BY THE RED LAKE TRIBE

I hereby certify that the above name applicant is _____ degree of _____

Certifying Official Signature

Date

Oshkiimaajitahdah

Scholarship Application Policy and Procedures

Enclosed you will find the scholarship application packet.

Fall Semester Deadline is: Third Friday in September
Spring Semester Deadline is: 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 not exceed \$1,600.00 in an academic semester, based on the unmet need probation submitted by the institutions financial aid office. A student with no unmet need as determined by the institutions financial aid office will not be eligible for funding.

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 (GPA) of 2.0 or better, AND have an unmet need that is determined by the institution (but will only be eligible for books, tuition, and fees only) based on the availability of funds.

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 maintaining the 12 credits or more and attain a 2.0 GPA or better. The second time a student is placed on academic probation they will have to complete a 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.

Funding is meant for the purpose of undergraduate studies only.

Students pursuing a four year degree must do so in 10 semesters/14 quarters.

Students pursuing a two year degree must do so in 6 semesters/8 quarters.

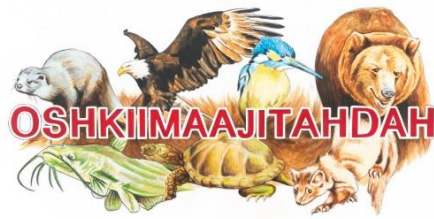
Students who have experienced a hardship or emergency must have documentation from a qualified professional that it had a direct impact on their ability to comply with program requirements.

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

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

Student Signature/Date

Case Manager Signature/Date



Request for Assistance

Name: _____ Date: _____

Current Address: _____
(Box #) (Phy. Address) (Town) (State) (Zip)

Maxis/CIF #: _____ PH: _____ Message PH: _____

Email: _____ District: _____

Brief description of the assistance you are requesting: _____

Estimated Cost Requested: _____ Name of Vendor: _____

I certify that the information provided herein true to the best of my knowledge. I am aware that the information is subject to review and I may have to provide documentation to support this request. I am aware that I may be subject to prosecution for fraud and/or perjury if statements contained are found false.

Signature of Applicant

Signature of Case Manager

FOR OFFICE USE ONLY:

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

_____ Approved _____ Disapproved: Reason: _____

Request reviewed by: _____ Date: _____
(Compliance Manager)

Request reviewed by: _____ Date: _____
(Executive Director or Authorized Employee)

Account Payable:

- 102-477
- MFIP
- DWP
- _____
- Auto Insurance Drivers Education Auto Repair Driver's License Fee
Clothing

Other; Specify _____

OSHKIIMAAJITAHDAH
CLIENT INTAKE INFORMATION

Personal Information

Date of Previous application: _____ CIF # _____

Name: _____ Social Security #: _____

Address: _____ Phone: _____

_____ Email: _____

Native American: _____ Tribe: _____ Native Hawaiian: _____

Male: ____ Female: ____ Date of Birth: _____ Receiving Cash Assistance: _____

Single adult: _____ (age 22 or older)

Registered with Selection Service: _____ (all males 18-24 must provide verification)

Family Status

Single person: _____ Head of Household: _____ Total in household: _____

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

List all members of your household (including birthdates)

Employment Status

Currently working: Yes _____ No _____ Received notice of lay-off: Yes _____ No _____

Hourly wage: _____ Current Job: _____ or last Job: _____ Last date worked: _____

Education Status:

Dropped out of High School: _____ Date: _____ Highest grade completed: _____

Attending Middle/High School: _____ Current grade level: _____

Attending Post High School: _____ Course Study: _____

High School Diploma or GED: _____ Date Received: _____

Employment History

List of jobs you have 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: _____

Volunteer Work: _____

Job Related Training

First Aid Card: Y ____ N ____ Date: _____ CPR Training: Y ____ N ____ Date: _____

Permits: _____

Union Members: Y ____ N ____ Name: _____

Work Shops/Training attended:

Title: _____ Date: _____

Title: _____ Date: _____

Education History

Attended Post High School in the past: _____ Date: _____

School: _____ Grad? Y ____ N ____ Credits earned: _____

Course of Study: _____

Currently attending GED: _____ Vocational School: _____ College: _____

Name and Location of School: _____

Certification: or Degree Program: _____

Estimated completion date: _____

Other Education Information: _____

Personal Information Checklist:

(circle your answer Y for yes, N for no)

1. Transportation is a hardship	Y / N _____
2. Driver's License	Y / N _____
3. Need child care services	Y / N _____
4. Receiving housing assistance	Y / N _____
5. Criminal history	Y / N _____
6. Currently under doctor's care	Y / N _____
7. Are you able to work?	Y / N _____
8. Substance abuse issues	Y / N _____
o Are you able to pass a drug test?	Y / N _____
9. Do you have trouble communicating	Y / N _____
10. Reading level is low Y / N _____ Math level is low Y / N _____	
11. Other difficulty (ies) relating to school, employment or training Y / N _____	

Personal and/or Family Income

Source	Monthly Income	Date Started	Date Ended
MFIP (TANF)			
Social Security Inc.			
General Assistance			
Unemployment Ins.			
Housing Assistance			
Child Care Assist.			
Food Stamps			
Child Support			
Wages			
Other			
Total Monthly Income:			

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 six (6) months if I am found ineligible after enrollment and maybe 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

Signature of Parent/Legal Guardian/Date

CERTIFICATION:

Certain education, employment and training programs available through Oshkiimaajitahdah require applicants to undergo drug screening. I understand that I may be required to undergo a drug-screening test at any time prior to commencement of training or supported work service. I also understand that a positive test result, or refusal to cooperate fully with the drug-screening procedure, will result in denial of financial assistance through Oshkiimaajitahdah for training and supported work services.

Signature of Applicant/Date

Signature of Parent/Guardian/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

Reviewer Signature/Date

Primary Activity: _____

Immediate goal: _____ Target Date: _____

Goal #2: _____ Target Date: _____

Goal #3: _____ Target Date: _____

Goal #4: _____ Target Date: _____

ACTIVITY COMPLETION:

Primary Activity: _____ Completion Date: _____

Activity #2: _____ Completion Date: _____

Activity #3: _____ Completion Date: _____

Activity #4: _____ Completion Date: _____

Date of Completion: _____ Completed other plan objective: _____

Completed Education/Training Objective: _____ Other Completion: _____

TENNESSAN 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 without your permission, except 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 your 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 for 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, state (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 system for collecting and utilizing personal participate 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 the applicant 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 and Training
5. Psychological reports relative to Employment and Training
6. Home Telephone number
7. Home address
8. Household income
9. Age
10. Sex
11. Housing situation (own, rent..)
12. Number of persons in household
13. Names 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 and training
19. Criminal and traffic violations relevant to employment and 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.

RECORDS RETENTION:

- a. All past and present participant 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 and are under lock at all times. A request for the key to gain access to the file room will be made to Security or the Executive Director. Program staff is responsible for the program files, its contents and the Executive Director and the Security Guard will be responsible for the internal and external access and security.

Verification of client being informed of the Tennessee Warning is indicated by his/her signature below.

Signature of Applicant/Date

Signature of Case Manager/Date

INDIVIDUAL DEVELOPMENT PLAN

Name: _____ Date: _____

GOALS

(Sometimes you can use your short-term goals to help you reach your long-term goals. Long-Term goals of becoming a doctor, for example, require fulfilling many short-term goals first. For example, you may need to get a job with a flexible schedule to allow you to study for your medical school entrance exams. Getting a flexible job, therefore, is a short-term career goal that will help you reach your long-term goals.)

Long Term/Short-Term	Date Achieved

ASSETS AND BARRIERS

BASIC MATH AND LANGUAGE SKILLS

JOB SKILLS AND EXPERIENCE

EDUCATION TRAINING BACKGROUND

WORK BEHAVIORS

PHYSICAL CONSIDERATIONS

FOLLOW UP DATES:

30 DAY FOLLOW UP _____ COMMENTS: _____ (See Case Note)_____

60 DAY FOLLOW UP _____ COMMENTS: _____ (See Case Note)_____

90 DAY FOLLOW UP _____ COMMENTS: _____ (See Case Note)_____

WHAT ARE YOUR SUPPORTIVE SERVICE NEEDS?

I HAVE BARRIERS THAT ARE KEEPING ME FROM FINDING A JOB/HOLDING A JOB OR FURTHER MY EDUCATION. MY BARRIERS ARE:

THE WAYS IN WHICH I WILL HELP REMOVE THE BARRIERS ARE BY:

TO HELP ME ACHIEVE MY GOALS THE SUPPORTIVE SERVICE I NEED ARE:

CASE MANAGER SUMMARY:

CERTIFIED STATEMENT

I clearly understand and agree with the Plan on Services as written. My signature below verifies that I actively took part in the planning process.

Signature of Client/Date

Signature of Case Manager/Date

OSHKIIMAAJITAHDAH

RELEASE OF INCOME

I hereby authorize the following Business/Program to release my earnings/wages for the prior 3 months. This is being requested to determine eligibility for services.

Print Name of Client

Social Security Number

Signature of Client

Name of Employer: _____

Address: _____

This section is to be completed by the Employer:

The income for the above names individual is as follows:

For the month of:	For the month of:	For the month of:

The above named individual is currently not employed and his/her last date of employment was on _____.

Signature of Authorized Employee

Date

This section is to be completed by Oshkiimaajitahdah Staff:

The income for this client for the past 3 months is: _____

Multiplied by 4 to annualize is: _____

In accordance with the intake the client household size is: _____

Based upon income and LLSIL poverty guidelines, I declare this client to be Eligible ____ Ineligible ____

Signature of Authorized Staff calculating eligibility

Date

Please Return to: Oshkiimaajitahdah, ATTN:

Revised 7/13

**FOR OUT
OF STATE
SCHOOLS**

Oshkiimaajitahdah Higher Education Department
 15525 Mendota Ave
 PO Box 416 Redby, MN 56670
 Phone: 218-679-2477 – Fax: 218-679-3202
 (Undergraduate level budget sheet – Financial Aid Office use only)

Student Name: _____ SSN: _____ Resident: _____

Institution Name and Address: _____

ISIR Processing Date: _____ Academic Year: _____ Sent to Tribal Scholar Office? _____
 Type of Budget: _____ Today's Date: _____ Tribal Scholarship: _____
 Person Completing E-Form: _____ Phone: _____
 Enrollment (FT, ¾, ½, inelig): _____ Budget Period: _____ Status: _____

Resources: Cost of Attendance for budget period: _____
 Parent Contribution: _____
 Student Contribution: _____
 Total Parent and Student Contribution: _____

Terms	FALL	SPRING	OTHER	TOTAL
Start date of Term(s)				
Assessed Need				
PELL				
SEOG				
Federal & State Financial Aid				
Please do not package Loans until we and The Scholarship Office have made Awards.				
Balance (Remaining need)				

Comments: _____

TRIBAL				
Terms	Fall	Spring	OTHER	Total
Date				
Tribe				

VERIFICATION OF AWARDED FUNDED

 (Signature of Tribal Scholarship Officer) Date Application Received Date Application Acted on

MINNESOTA OFFICE OF HIGHER EDUCATION <i>reach higher</i>	MN Indian Scholarship Program MN Office of Higher Education 1450 Energy Park Dr., Suite 350 St. Paul, MN 55108 (800) 657-3866 (651) 642-0567	MINNESOTA INDIAN SCHOLARSHIP PROGRAM BUDGET SHEET (FOR FINANCIAL AID OFFICE USE ONLY)	2015-2016
			DUE: July 1 st , 2015
			Page 3

IDENTIFICATION INFORMATION

Student Name	Social Security Number
Institution Name	Federal School Code

FINANCIAL AID OFFICE VERIFICATION OF INFORMATION

School Official (please print)	Signature	Date	Telephone Number () -
Does student meet MN State Grant residency requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	ISIR date this budget/EFC is based on:	Check here if Budget Sheet sent to Tribal Scholarship Office: <input type="checkbox"/>	
Type of Budget: <input type="checkbox"/> First Budget <input type="checkbox"/> Revision	<input type="checkbox"/> Revision, Summer Add On <input type="checkbox"/> Summer Only	Revisions: <input type="checkbox"/> 1st Revision Date:	<input type="checkbox"/> 2 nd Revision Date: <input type="checkbox"/> 3 rd Revision Date:
Student Will be Attending <input type="checkbox"/> Full Time <input type="checkbox"/> 3/4 Time <input type="checkbox"/> 1/2 Time (undergraduate students not eligible at 1/2 time)	Current Student Status: <input type="checkbox"/> Eligible <input type="checkbox"/> Academic Suspension <input type="checkbox"/> In Default on Federal or State Loan <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other:	Current degree student is seeking: <input type="checkbox"/> Certificate/Diploma <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Graduate/Master's <input type="checkbox"/> Doctorate or Professional	
Budget Period: From: To:	Total Cost of Attendance for this Budget Period: \$		
Resources: Parent Contribution: \$	Student Contribution: \$	Total Resources (EFC): \$	
IMPORTANT:	Please list grants, scholarships, and institutional aid the student is receiving or expected to receive. Please do not list federal or private loans. Start Date will determine MISP disbursement date. Enrollment level used to confirm student is eligible each term.		

TERMS	SSII (2015)	FALL	WINTER	SPRING	SSI (2016)	TOTAL
Start Date (for disbursement)						
Enrollment Level (FT, 3QT, HT)						
Assessed Need (COA - EFC)	\$	\$	\$	\$	\$	\$
FEDERAL/ STATE/ COLLEGE/ PRIVATE OR OTHER GIFT AID DO NOT INCLUDE LOANS	PELL	\$	\$	\$	\$	\$
	SEOG	\$	\$	\$	\$	\$
	MN ST GT	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
BALANCE	\$	\$	\$	\$	\$	\$

ADDITIONAL INSTITUTIONAL COMMENTS

TRIBAL AND MISP FUNDING (FOR MISP OFFICE ONLY)

TERMS	SSII	FALL	WINTER	SPRING	SSI	TOTAL
DATE						
TRIBE	\$	\$	\$	\$	\$	\$
MISP	\$	\$	\$	\$	\$	\$

Comments:



Boozhoo Students!

All students have the right to attain a higher education, make sure to know all of your options by going through our scholarship list to find more scholarships to add to your college fund.

See link below:

www.indian-affairs.org - Association on American Indian Affairs

- ~ Under the scholarship tab, scroll down
- ~ Please click on the red box - ***Other Scholarships & Internships***

You will find on this page:

- Scholarships Available through Other Organizations
- Scholarship Search Engines
- Scholarship Publications
- Scholarship Links for Displaced/Working Moms
- Internships & Fellowships

Announcements and Other Helpful Information (including information for Canadian and Hawaiian students, federal financial aid, & special programs)

Miigwech!

Oshkiimaajitah Case Managers