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NORTHWESTERN BAND OF THE SHOSHONE NATION  
HIGHER EDUCATION GRANT APPLICATION  
CONTINUING STUDENT

Name: \_\_\_\_\_  
First Middle Last

Phone: \_\_\_\_\_  
Include Area Code

Address: \_\_\_\_\_  
Street or PO Box

City State Zip Code  
Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_ No. of Dependents: \_\_\_\_\_  
Mo/Day/Yr

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Starting Date: \_\_\_\_\_

When do you expect to complete the program? \_\_\_\_\_

Have you applied for Tribal funds before? Yes No

If yes, how many quarters did the Tribe provided funds for you? \_\_\_\_\_

**Please complete the information on Page 2. Please provide the financial aid package developed at the institution you expect to attend. We will need this information to determine the amount of Tribal funds you will be eligible for.**

**If it is determined that you are eligible for funding from the Tribe, we will advise you about other requirements for continued funding.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

NORTHWESTERN BAND OF THE SHOSHONE NATION  
 HIGHER EDUCATION GRANT APPLICATION  
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Student Name: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**To be completed by school Financial Aid Officer**

The above student has applied for funding from the Northwestern Band of the Shoshone Nation. In order to process this application we will need the students Financial Aid Information and Class schedule. Your assistance in this matter will be greatly appreciated.

Budget Period: From \_\_\_\_\_ to \_\_\_\_\_

Starting Date: \_\_\_\_\_

Student is considered:      Independent \_\_\_\_      Dependent \_\_\_\_

Applicable income reported for prior tax period \$ \_\_\_\_\_

**Sources of Funds**

Parental Contribution \_\_\_\_\_

Student Contribution \_\_\_\_\_

Spouse Contribution \_\_\_\_\_

VABenefits \_\_\_\_\_

Soc. Sec. Benefits \_\_\_\_\_

AFDC \_\_\_\_\_

State Grants \_\_\_\_\_

I.H.S. Scholarships \_\_\_\_\_

SEOG \_\_\_\_\_

PELL Grant \_\_\_\_\_

NDSL \_\_\_\_\_

CWS \_\_\_\_\_

Scholarship \_\_\_\_\_

Vocational Rehab. \_\_\_\_\_

Other \_\_\_\_\_

**TOTAL** \_\_\_\_\_

Student Loan \_\_\_\_\_

**Actual Costs**

Tuition \_\_\_\_\_

Fees \_\_\_\_\_

Books \_\_\_\_\_

Materials \_\_\_\_\_

Room \_\_\_\_\_

Board \_\_\_\_\_

Travel \_\_\_\_\_

Miscellaneous \_\_\_\_\_

**TOTAL COST** \_\_\_\_\_

Signature of Financial Aid Officer

Date: \_\_\_\_\_

Tribal Contribution \$ \_\_\_\_\_

\_\_\_\_\_ %