

Higher Education Program Application

Sisseton-Wahpeton Oyate

P.O. Box 509

Agency Village, SD 57262

Phone: (605) 698-8211

Fax: (605) 742-0140

Name: _____ Phone: _____
Last First MI Maiden

Address: _____ SS#: _____

DOB: _____ Gender (circle one): Male or Female

Marital Status (circle one): Single Married Separated Divorced Other: _____

*Tribal Enrollment number: _____ District Affiliation: _____

College Attending: _____ School Telephone: _____

College Major: _____ Expected Graduation Date: _____

Expected Degree: _____ Certificate _____ Associate _____ Bachelor _____ Master _____ Doctorate

E-Mail Address: _____

_____*I hereby certify that the above information is true and correct to the best of my knowledge and consent to the release of this information to necessary agencies. I request that any SWO Educational funding awarded me may be mailed to my home address. I will provide a copy of my official grade report, or transcripts, as requested by. I understand that the failure to submit grade reports or transcripts will result in delay of any educational funding. I UNDERSTAND/AGREE that if at any time I submit any inaccurate information, I will no longer be eligible for the Higher Education Program. (*initial required)

_____*I understand the process may take up to 6 business days before a check is issued. (*initial required)

_____ I understand the program may release limited information for the purpose of my educational

Signature of Student: _____ Date: _____

Return completed application to:

SWO Higher Education Program
Attention: Janell Williams
P.O. Box 509
Agency Village, SD 57262

FOR OFFICE USE:

_____ Completed application

_____ Verification of Tribal Enrollment

_____ Budget Form

_____ Level of Study

_____ Letter of Acceptance

_____ District Affiliation

_____ SR#

_____ W-9 Form