

Higher Education Endowment Program Application

Sisseton-Wahpeton Oyate

P.O. Box 509

Agency Village, SD 57262

Phone: (605) 742-0150

Fax: (605) 742-0140

Name: _____ Phone: _____
Last First MI Maiden

Address: _____ SS#: _____

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

Marital Status (circle one): Single Married Separated Divorced

Tribal Enrollment #: _____ District Affiliation: _____

Name of College Attending: _____ School telephone # _____

College Major: _____ Expected Graduation Date: _____

Expected Degree: ___ AA ___ BA ___ BS ___ MA ___ PH.D ___

Currently: ___ FR ___ SO ___ JR ___ SR ___ Grad ___ Ph.D ___

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 endowment funding awarded me be mailed to my home address. I will provide a copy of my official grade report, or transcripts, as requested by the scholarship office. I understand that failure to submit grade reports or transcripts will result in delay of any educational endowment award. I UNDERSTAND/AGREE that if at any time I submit any inaccurate information, I will no longer be eligible for the Higher Education Endowment Program.

Signature of Student: _____ Date: _____

Return completed application to:

SWO Higher Education Endowment Program

Attn: Janell BearHill

PO Box 509

Agency Village, SD 57262

FOR OFFICE USE:

_____ Completed application received

_____ Current Transcripts

_____ Verification of Tribal Enrollment

_____ Letter of Acceptance