

Higher Education 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: _____

College Attending: _____ School telephone # _____

College Major: _____ Expected Graduation Date: _____

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

Currently: ___ FR ___ SO ___ JR ___ SR ___ Grad ___

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 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. (*initials required)

_____*I understand the program may release limited information for the purpose of my educational acknowledgement. (Optional)

Signature of Student: _____ Date: _____

Return completed application to: SWO Higher Education Program
Attn: Janell Williams
PO Box 509
Agency Village, SD 57262

FOR OFFICE USE:

_____*Completed application received _____ Level of studies
_____*Verification of Tribal Enrollment _____ Letter of Acceptance
_____*Budget Form _____ District Affiliation
_____*SR #