

RST Higher Education Program

PO Box 40 Rosebud, SD 57570

(605) 747-2375 1-877-691-8183 Fax (605) 747-5479

Email rsthighered@gwtc.net



Dear Student;

The RST Higher Education Program's purpose is to serve eligible Sicangu people and provide opportunity to achieve their educational goals. This opportunity is provided as a privilege with the intent that tribal members will return to the Rosebud Reservation to apply their learning to the development of the Sicangu Oyate.

A completed application consists of the following:

- **Application Form**
- **Certificate of Degree of Indian Blood**
- **College Letter of Acceptance or Open Door Policy**
- **College Transcript(s) or Official Grade Report**
- **Financial Needs Analysis Form from College Financial Aid Officer**
- **High School/GED Diploma (new students)**

All documents must be submitted by the deadline date for the terms you are applying. Your file must be complete before review and awards are contingent upon academic progress, financial needs and availability of funds. Minimum requirements are 12 credit hours w/ 1.5 GPA for freshman students. You must have completed the FAFSA for the college to fill out your FNA Form. Students in financial default are not eligible for funding. We do not fund certificate programs. For vocational non-degree programs; contact the AVT Scholarship officer at Sinte Gleska University. Awards are based on funding priorities; awarded on a first come until funding is depleted for the term. You must submit a new application each funding year and maintain a GPA of 1.5-freshman; 2.00 sophomores; 2.5 for junior and seniors.

Funding priorities:

1. Continuing students
2. Reservation students beginning with seniors
3. In-State students beginning with seniors
4. Out of State students beginning with seniors

DEADLINE DATES

July 1 Academic Year (Fall, Winter and Spring Semesters, Quarters, Etc.)

December 1 Spring Term Only (Spring semester, quarter, trimester)



HIGHER EDUCATION SCHOLARSHIP APPLICATION

RST Higher Education PO Box 40 Rosebud, SD 57570

Toll Free (866) 691-8183 (605) 747-2375

Email: rsthighered@gwtc.net

Fax (605) 747-5479

Application Request: 2015-2016 New Renewal

Student Information

Email: _____ **Phone:** _____

| | | | |
|-----------------------|---------------|------|------------------------|
| Last Name | First Name | MI | Maiden |
| Address (Permanent) | | City | State |
| Zip Code | Date of Birth | | Social Security Number |
| RST Enrollment Number | | Sex | Marital Status |
| Number of Dependents | | | |

High School Information

Type: Tribal Public Private GED

| | |
|-----------------------------|-----------------|
| Name/Address of High School | Graduation Date |
|-----------------------------|-----------------|

College Information

| | | | |
|------------------------------------|--|--------------------------------------|---------------------|
| College Name/Address | College Major | | |
| Classification | Degree | Request | Status |
| <input type="checkbox"/> Freshman | <input type="checkbox"/> Associate of Arts | <input type="checkbox"/> Fall 2015 | Full time/Part time |
| <input type="checkbox"/> Sophomore | <input type="checkbox"/> Bachelors | <input type="checkbox"/> Spring 2016 | Full time/Part time |
| <input type="checkbox"/> Junior | <input type="checkbox"/> Other | | |
| <input type="checkbox"/> Senior | | | |

Have you ever applied for this grant? If so, when: _____

Application deadlines dates: **July 1, 2015** **December 1, 2015**

***All requested information must be provided by deadline to be considered complete.**

Statement of Certification and Consent for Release of Information

I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to necessary agencies to complete my financial aid package. I agree that any grant awarded to me be mailed to me in care of the financial aid office of the college/university. I will provide an official Grade Report or Transcript to the RST Higher Education Program at the end of each term. I declare that I will use any funds I receive under the RST Higher Education Office solely for the expenses connected with attendance at this college/university.

Signature of Student _____ Date _____

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**Financial Needs Analysis Form
2015-2016**

Part I: To be completed by Student

Students Full Name: _____

Mailing Address: _____ City _____ State _____ Zip Code _____

SSN _____ Date of Birth _____ Telephone _____

I grant permission to: _____ to release information as requested below to the RST Higher Education Program for scholarship eligibility.

Student Signature: _____ Date: _____

Part II: To be completed by Financial Aid Officer **Budget Period:** _____ to _____

| School Expenses | Student Resources | Awards |
|-------------------------|---------------------------------|------------------------|
| Tuition _____ | Parent Contribution _____ | Pell _____ |
| Fees _____ | Student Contribution _____ | GSL/Perkins _____ |
| Books/Supplies _____ | Veterans Benefits _____ | SEOG _____ |
| Room/Board _____ | Vocational Rehabilitation _____ | Work Study _____ |
| Transportation _____ | State Scholarship _____ | Stafford Sub _____ |
| Personal Expenses _____ | State Indian Grant _____ | Stafford Unsub _____ |
| Childcare _____ | College Grants _____ | Direct PLUS Loan _____ |
| Misc/Other _____ | Other _____ | PLUS Loan _____ |
| | | Scholarship _____ |
| | | Other _____ |

Total Expenses \$ _____ **Total Resources** \$ _____ **Total Awards** \$ _____

Unmet Need: \$ _____

Classification: Fr _____ Soph _____ Jr _____ Sr _____ Full Time _____ Part Time _____

School System: Semester _____ Quarter _____ Trimester _____ Other _____

Financial Aid Officer: _____ College/University: _____

Address _____

Telephone: _____ Fax: _____ Date _____