Meskwaki Higher Education Program
Sac & Fox Tribe of the Mississippi in Iowa
349 Meskwaki Rd.
Tama, IA 52339-9629
Toll Free: 800/679-3687 Phone: 641/484-3157 Fax: 641/484-2101

Higher Education/Vocational Grant Application

Type of request: □ Higher Education □ Vocational Education **Applicant:** □ New □ Renewal

Name _____ **Previously received Tribal/BIA Grant:** Yes ____ No ____
First M.I. Last **If yes, when?** _____

Date of Birth _____ **Social Security Number** _____ **Gender** □ Female □ Male

Current Address _____
Street City State Zip Code

Alternative Address _____
(New address at college) Street City State Zip Code

Current Phone Number _____ **Alternative Phone Number** _____
(New phone number at college)

E-mail Address _____ Cell **Phone Number** _____
(MHEP will contact you by email so please check your email weekly)

Sac & Fox Tribal Enrollment □ Enrolled member □ At least ¼ (Sac & Fox/Meskwaki) degree blood descendant

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High School Attended (include name and city/state) _____
Date of: □ High School Graduation _____ □ GED _____

Applying for Academic Year: **20____ to 20____** **Term/Semester Attending:** □ Fall □ Winter □ Spring □ Other _____
(Separate application **must** be submitted for the summer term)

Grade Level: □ Freshman (1-29 credit hrs.) □ Sophomore (30-59) □ Junior (60-89) □ Senior (90 or more) □ Other _____ **Approximate Number of Credit Hrs:** _____ (At the time of application)

Student Status: □ Full-time (12 hrs. or more) □ Part-time (6-10 hrs.) □ Less than part-time (<6 hrs.) □ Other _____

College/University (include name and city/state) _____

Degree Seeking: □ Certificate (1-year) □ Associate (2-year) □ Bachelor's (4-year) □ Master's (4+ years) □ Other _____

Major _____ **Expected Graduation Date (month/year)** _____

Career Goals _____

_____

_____

(Above section/Career Goals must be completed)

I declare that the information provided on this form is accurate and complete to the best of my knowledge, and I am aware that this information may be shared with the Bureau of Indian Affairs, Sac & Fox Tribe and the college/university. I give my permission to the college/university that I will be attending to release my grade reports, transcripts and financial information to the Meskwaki Higher Education Program Staff upon their request. I understand that I am responsible for reporting all sources of income when filing income tax returns and for complying with the requirements of the Higher Education Program.

Signature of Student/Applicant _____ **Date** _____
***All sections must be completed or application will be returned and delay the application process.**