



P.L. 102-477 – Scholarship

How to apply:

Complete intake form including supporting documentation and return:

- In person at Oshkiimaajitahdah
- by mail to P.O. Box 416 Redby, MN 56670
- fax to 218-679-4317
- E-mail to 477@redlakenation.org

Office Hours 8:00 a.m. – 4:30 p.m.

Monday – Friday

Telephone: 218-679-3350

Scholarship Checklist (use this to mark off all items for your application)

Application for Education or Training	
Complete 102-477 Intake Application Form	
Scholarship Application Policy and Procedure Form for __ Undergraduate or __ Graduate (check one) Only sign the policy form for which degree you are pursuing	
Tennessee Warning/Data Privacy Statement	
Registered with Selective Services Registration (males 18-25 years old; www.ssa.gov)	
Identification	
Tribal Enrollment Verification	
High School Diploma/GED Verification	
Acceptance Letter	
Verification of FAFSA (need this updated each time you apply)	
Class Schedule	
Verification of Minnesota Indian Scholarship (www.ohe.state.mn.us) and Budget form (page 2 of the application) completed by financial aid office. (If applicable)	
Grades/Transcripts (from previous college if applicable)	



Scholarship Application Policy for Undergraduate Student

Fall semester Deadline: Third Friday in September

Spring Semester Deadline: Third Friday in February

The award will be sent to the institution for disbursement after all the students documentation is submitted to Oshkiimaajitahdah and the file is complete. The maximum award will be issued based on the unmet need submitted by the institutions financial aid office. A student with no unmet need as determined by the institutions financial aid office or a student with an EFC (expected family contribution) of \$10,000 or more are not eligible.

Funding award amounts are:

Credits	Undergraduate
12 or more	\$1,800.00
9-11	\$1,350.00
6-8	\$900.00

All students classified as fulltime must be enrolled in 12 credits or more, and continue with a grade point average (GPA) of 2.0 or better. Students classified as part time students with less than 12 credits but more than 6, and continue with a grade point average of 2.0 or better.

If a student falls below a 2.0 GPA or 12 credits in a semester, will be placed on academic probation for the subsequent semester in which the student must continue to attain a 2.0 GPA or better. The second time a student is placed on academic probation they will have to complete the semester without the assistance of Oshkiimaajitahdah. Any student who received a scholarship from Oshkiimaajitahdah and withdraws or does not continue with classes after receiving funding will be placed on academic suspension for one (1) academic year.

Student who are in default status on a student loan will not be eligible for financial aid from Oshkiimaajitahdah.

Students who have experienced a hardship or emergency must have documentation from a qualified professional that it had a direct impact on their ability to comply with program requirements.

Individuals who are incarcerated are not eligible for funding through Oshkiimaajitahdah.

Any student that is denied funding can file a written appeal to Oshkiimaajitahdah within 30 days after being notified of denial.

Student Signature

Date



Scholarship Application Policy for Graduate Student

Fall semester Deadline: Third Friday in September

Spring Semester Deadline: Third Friday in February

The award will be sent to the institution for disbursement after all the students documentation is submitted to Oshkiimaajitahdah and the file is complete. The maximum award will be issued based on the number of enrolled credits. A student with unmet need as determined by the institutions financial aid office is eligible. If the student has unmet need and is ineligible for financial aid the disbursement will be mailed directly to the student. Oshkiimaajitahdah will only grant the award on your first attempt at your masters until completion.

Funding award amounts are:

Credits	Graduate
12 or more	\$3,600.00
9-11	\$2,700.00
6-8	\$1,800.00

All students must continue with a grade point average (GPA) of 2.0 or better. Graduate students must provide verification they are enrolled in a program pursuing a higher degree after their bachelors.

If a student falls below a 2.0 GPA they will be placed on academic probation for the subsequent semester in which the student must continue to attain a 2.0 GPA or better. The second time a student is placed on academic probation they will have to complete the semester without the assistance of Oshkiimaajitahdah. Any student who received a scholarship from Oshkiimaajitahdah and withdraws or does not continue with classes after receiving funding will be placed on academic suspension for one (1) academic year.

Students who are in default status on a student loan will not be eligible for financial aid from Oshkiimaajitahdah.

Students who have experienced a hardship or emergency must have documentation from a qualified professional that it had a direct impact on their ability to comply with program requirements.

Individuals who are incarcerated are not eligible for funding through Oshkiimaajitahdah.

Any student that is denied funding can file a written appeal to Oshkiimaajitahdah within 30 days after being notified of denial.

Student Signature

Date

Application For: <input type="checkbox"/> Vocational Training <input type="checkbox"/> Higher Education (Check one)		RED LAKE BAND OF CHIPPEWA INDIANS OSHKIIMAAJITAHDAH 15525 Mendota Ave PO Box 416 Redby, MN 56670 Telephone: 218-679-3350 All information being requested is voluntary; however, failure to fully complete all applicable parts may result in delays in processing this application or make it impossible to process it.		(FOR OFFICE USE ONLY) Date received _____ Previous Services _____ _____ _____ _____ _____			
Part I – TO BE COMPLETED BY THE APPLICANT							
Last Name Maiden		First	Middle	Soc. Sec. #	DOB	State of Residency	
Address State		Zip	Street	City	Area code/Phone		Marital Status S M
Name of High School		College Major		Vocational Course		Children or Dependent: List relationship 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	
Year Graduated _____ GED _____		Date classes begin _____		Full Time _____ Part Time _____			
Name of College or Voc. School you plan to attend:		Year in College/Voc. School _1_ _2_ _3_ _4_					
Expected Graduation Date		Have you received a Tribal Scholarship before?					
Month _____ Year _____		Yes _____ No _____		When? _____ Where? _____			
Father's Name		D.O.B		Tribal Affiliation:			
Mother's Maiden Name		D.O.B		Tribal Affiliation:			
Person to Contact in Emergency: Address _____ Phone _____			ATTENTION: If you are enrolled under a different name, what it is?				
Your expected monthly income while in school Employment _____ Savings _____ Vocational Rehab _____ Veterans Benefits _____ Take Home Pay-Spouse _____ MFIP/TANF _____ Social Security _____ Other _____			Military Service? Dates: From _____ to _____				

I will contact the financial aid office of the institution I have selected and will apply for any and all other assistance available to me. I will request that the financial aid office notify my Tribe of any financial aid need and aid the school offers me. I further certify that the above information provided to the institution by me may be shared with the appropriate agencies, and I will provide my Tribe with a complete official transcript at the end of the academic year and at any other time as is requested. I request that any grant awarded me be mailed to me in care of the financial aid office of the institution I attend. I authorize the Red Lake Tribe to provide prospective employers with my Name, Address and Field of Study upon completion of my academic program. I further authorize the Red Lake Tribe to obtain my Indian blood quantum to determine my eligibility for services and financial assistance.

Applicant Signature

Date



P.L. 102-477 INTAKE APPLICATION

Personal Information

CIF# _____

MAXIS #: _____

Name: _____ Social Security # _____

Address: _____ Phone: _____

_____ Email: _____

Native American: _____ Tribe: _____ Address: _____

Male: _____ Female: _____ Date of Birth: _____ Receiving Cash Assistance _____

Single adult: _____ (age 22 or older) Youth: _____ (age 21 or under)

Are you registered with the Selective Service System? Y _____ N _____ (Males 18 – 25 are required to register.)

Family Status

Single person: _____ Head of Household _____ Total in Household _____

Teen Parent: _____ One-parent family: _____ Two Parent Family: _____

List all members of your household (including birthdates):

_____	_____
_____	_____

Employment Status

Currently working: Yes _____ No _____ Received notice of lay-off: Yes _____ No _____

Hourly wage: _____ Current job _____ or last job _____ last date worked: _____

Education Status

Dropped out of High School: _____ Date: _____ Highest grade completed: _____

Attending Middle/High School _____ Current grade level: _____



Attending Post High School: _____	Course of Study: _____
High School Diploma or GED: _____	Date received: _____

Employment History

List of jobs you have had in the past:

1.) Job Title: _____ Employer: _____
Responsibilities: _____
Skills used: _____
Date Hired: _____ Date job ended: _____

2.) Job Title: _____ Employer: _____
Responsibilities: _____
Skills used: _____
Date Hired: _____ Date job ended: _____

3.) Job Title: _____ Employer: _____
Responsibilities: _____
Skills used: _____
Date Hired: _____ Date job ended: _____

Job Related Training

First Aid Card: Y__N__	Date: _____	CPR Training: Y__N__	Date: _____
Permits: _____			
Union Member: Y__N__	Name: _____		
Work Shops/Training attended:			
Title: _____	Date: _____		
Title: _____	Date: _____		

Education History

Attended Post High School in the past: _____	Dates: _____	
School: _____	Grad? Y__N__ Credits earned: _____	
Course of study: _____		
Currently attending: GED: _____	Vocational School: _____	College: _____
Name and Location of School: _____		
Certificate or Degree Program: _____		



Estimated completion date: _____

Other Educational Information: _____

Personal Information Checklist: (circle your answer Y for yes, N for no)

- | | | |
|---|-----|-------|
| 1. Transportation is a hardship | Y N | _____ |
| 2. Driver's License | Y N | _____ |
| 3. Need child care services | Y N | _____ |
| 4. Receiving housing assistance | Y N | _____ |
| 5. Criminal history is a barrier to employment | Y N | _____ |
| 6. Currently under doctor's care | Y N | _____ |
| 7. Are you able to work? | Y N | _____ |
| 8. Substance abuse issues | Y N | _____ |
| 9. Do you have trouble communicating | Y N | _____ |
| 10. Reading level is low Y N _____ Math level is low Y N _____ | | |
| 11. Other difficulty (ies) relating to school, employment or training Y N _____ | | |

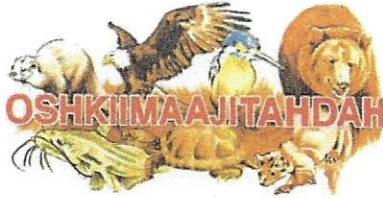
Personal and/or Family Income

Source	Monthly Income	Date Started	Date ended
TANF (MFIP)			
Social Security Inc.			
General Assistance			
Unemployment Ins.			
Housing Assistance			
Child Care Assistance			
Food Stamps			
Child Support			
Wages			
Other			
Total Monthly Income:			

CERTIFICATION: I certify the information given is true to the best of my knowledge. I understand that the information provided is subject to review and verification and I may have to provide documents to support this intake. I am also aware that I am subject to termination for one (1) year if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I agree to supply information regarding resources and income and will notify Oshkiimaajitahdah of any changes in my (our) situation. This authorization is to disseminate employment and educational information to potential employers and educational institutions for the purpose of assisting me in obtaining assistance, training, education or employment.

Signature of Applicant/Date _____

Signature of Parent/Legal Guardian/Date _____



In order to provide the assistance you are requesting we are required to verify your eligibility for Program resources. Eligibility is determined only after your complete and signed INTAKE application along with all supporting documentation is received.

FOR CHILD CARE: If needed contact the Child Care Development Fund Program staff. Contact telephone number 218-679-3350 ext. 2601.

CERTIFICATION:

Certain education, employment, and training programs available through Oshkiimaajitahdah require applicants to undergo drug screening. I understand that I may be required to undergo a drug-screening test at any time prior to commencement of training or supported work service. I also understand that a positive test result, or refusal to cooperate fully with the drug-screening procedure, will result in denial of financial assistance through Oshkiimaajitahdah for training and supported work services.

Signature of Applicant/Date

Signature of Parent/Guardian/Date

CERTIFICATION FOR ELIGIBILITY FOR SERVICES

I certify that this individual has met the application requirements and based on all information received through the intake interview process, this person is eligible for 102-477 services.

The determination is based on the Employment Barriers and the following criteria:
Native American ___ Unemployed ___ Econ. Disadvantaged ___ TANF recipient ___
(Child/Adult)

Case Manager Signature/Date

Reviewer Signature/Date

Revised: 6/2021



Tennesen Warning/Data Privacy

DATA PRIVACY RIGHTS FOR APPLICANTS/RECIPIENTS OF THE OSHKIIMAAJITAHDAH PROGRAM

YOUR RIGHTS:

Under the Minnesota Data Privacy Act, you have the right to know how the information you provide on your application will be used. The information you provide on the application for a program is classified as private under Minnesota law and cannot be disclosed with your permission, except as provided below.

PURPOSE AND USE:

The information on the application will be used to determine your eligibility for the program and level of assistance. Information you provide will also be used for statistical and research purposes and will not reveal any personal identifying information and you or members of your household.

WHAT IS REQUIRED:

We encourage you to answer all the questions because your correct answers will enable us to properly verify and prioritize your application. Emergency phone, language spoken in the home, township, and number of persons employed in the household, race, years of education and child's schools are optional. However, this information is requested for the purpose of you.

Your response will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in effective non-discriminatory manner. Number/Code/Status blanks are office use only. We may not be able to properly process your application without all other information.

WHO WILL HAVE ACCESS:

Tribal staff and county, stat (or federal) employees, whose job requires access to your application as well as auditors, may have access to your application. These people are all required not to disclose any personal information about you or members of your household. State and/or federal employees and auditors may review applications to ensure that the Oshkiimaajitahdah programs are serving properly.

The Oshkiimaajitahdah TANF system for collecting and utilizing personal participant data is limited to facilitate efficient administration of the program, while simultaneously safeguarding the privacy of its subjects. As mandated by Minnesota Government Data Practices Act of 1974, the program has established a system for data management methods and procedures outlined below.

TYPES OF DATA MAINTAINED:

The following type of data may be contained in participant files. This is compilation of data requested on all forms by this program, and collectively required by funding purposes.

- 1) Name



- 2) Social Security Number
- 3) Tribal affiliation
- 4) Medical reports and information to relative to Employment & Training
- 5) Psychological reports relative to Employment & Training
- 6) Home telephone number
- 7) Home address
- 8) Household income (gross family income)
- 9) Age
- 10) Sex
- 11) Housing situation (own, rent...)
- 12) Number and relationship of household members
- 13) Name and relationship of household members
- 14) Handicap
- 15) Nature and dollar amount of assistance received
- 16) Copies of bills submitted for reimbursement
- 17) Source of income
- 18) Substance Abuse history relevant to Employment & Training
- 19) Criminal and traffic violations relevant to Employment & Training
- 20) Date of enrollment
- 21) Past/Present work history
- 22) Veteran status
- 23) Educational levels
- 24) Participation in other programs relative to employability, planning and funding

RECORD RETENTION:

- A. All past and present participation records will be reviewed quarterly.
- B. At no time will any employee of Oshkiimaajitahdah collect data on or maintain a private file on any participant of the program.

SECURITY:

Participant files are stored in locked cabinets located in the Oshkiimaajitahdah central file room are unlocked at the beginning of the work day and locked at the end of the day. Program staff are responsible for the program file, its contents and the internal and external access and security.

Verification the participant has been informed of the Tennesen Warning is indicated by their signature below.

Tennesen Warning will be given to the participant to keep. The signature page will be kept in the program file.



UNDERSTANDING Tennessen Warning/Data Privacy:

I HAVE RECEIVED, READ AND UNDERSTOOD THE ABOVE "Tennessen Warning/Data Privacy" STATEMENT.

Participate Name

Date

Case Manager

Date



REQUEST FOR CERTIFICATION OF TRIBAL ENROLLMENT

I give the Tribal Enrollment Office permission to verify my enrollment information for Oshkiimaajitahdah

Applicant Please Print Clearly

Name _____
First M.I. Last

Date of Birth: _____ / _____ / _____

Complete Physical Address: _____

Affiliated Tribe: _____

I give the Tribal Enrollment Office Permission to certify my Tribal/Enrollment/Membership Information for Oshkiimaajitahdah.

Sign/Date _____

TO BE COMPLETED BY THE TRIBAL ENROLLMENT DEPARTMENT ONLY

() Is an enrolled member of the Red Lake Band of Chippewa Indians

() Is an enrolled member of _____

(Print Affiliated Tribe)

() Is not an enrolled member, according to our enrollment records

I Certify that above information is to be true and correct. This information is taken from the membership rolls of the Red Lake Band of Chippewa Indians or other Federally Recognized Tribe.

Certifying Official/Enrollment Department

Date

This form may be faxed back to Oshkiimaajitahdah at: (218) 679-3202 or

E-mail: 477@redlakenation.org

Staff Requesting Verification: _____



Miskwaagamiwi-zaaga'iganiing Bemijigamaag

Request for Assistance

Name: _____ Date: _____

Address: _____

Phone: _____ E-mail: _____

Brief Description of the assistance you are requesting:

Applicant Signature/Date

Case Manager Signature/Date

FOR OFFICE USE ONLY

Estimated Cost Requested: _____

Assistance Description: _____

Name of Vendor: _____

Eligibility Determined: YES / NO Complete File: YES / NO Compliance: YES / NO

File Audit conducted by: _____ Date: _____

Request reviewed by: _____ Date: _____

Approved / Denied Reason if denied: _____

Request approved by: _____ Date: _____

Accounts Payable Funding Type:

102-477

TANF

Other: _____



**Minnesota Indian Scholarship Program
Application**

1450 Energy Park Drive, Suite 350. St. Paul, MN 55108
Phone: (651) 642-0567
Toll Free: (800) 657-3866
Fax: (651) 642-0675

2023-2024

Application

Page 2 – College or University Section

Student Info

Student Name	Social Security Number (last 4 digits)
College or University Name	Federal School Code

Financial Aid Office Verification of Student Status – All Information Required

Is the student a Minnesota Resident Student for State Financial Aid purposes? Yes No

Current Student FA Eligibility Status: Eligible Academic Suspension In Default on Federal or State Loan Other

Current degree student is seeking: Certificate/Diploma Associate's Bachelor's
 Graduate/Master's Doctorate/Professional

Financial Aid Office Student Budget Data – All Information Required

Important: List all other grants, scholarships, and institutional aid the student is receiving or is expected to receive. Do not list state or federal work-study or federal, state, or private loans. Term Start Date determines MISP disbursement date. Enrollment level used to confirm student eligibility each term.

Budget Period: From: _____ To: _____ Title IV Cost of Attendance (COA) for this term: \$ _____

Resources: Parent Contribution: \$ _____ Student Contribution: \$ _____ Total Resources (EFC): \$ _____

Terms	Summer 2 (2023)	Fall	Winter	Spring	Summer 1 (2024)	Total
Start Date						
Enrollment Level (FT, 3QT, HT)						
Assessed Need (COA – EFC)						\$
Federal/State/ College/Private/ Tribal Or Other Gift Aid	Pell					\$
	SEOG					\$
	MN ST GT					\$
						\$
						\$
						\$
Balance						\$

Financial Aid Office Certification

Authorized Official (Please Print): _____ Phone Number: _____

Signature _____ Date _____

Additional Institutional Comments:

Tribal and MISP Funding (For Tribal Official or MISP Use Only)

Terms	Summer 2	Fall	Winter	Spring	Summer 1	Total
Date						
Tribe/Band						\$
MISP						\$

Comments:



Boozhoo students!

All students have the right to attain a higher education and to make sure to know all of your options below is a website and other scholarship application opportunities you can review or apply to see if you are eligible for any additional aid to your college fund.

Website link is Association on American Indian Affairs – www.indian-affairs.org

- Scroll down to the Scholarship link
- Click on the link and it will bring you to the application
- It will also inform the deadline date for each year

Minnesota Indian Scholarship <http://www.ohe.state.mn.us>

- Hoover over Paying for College tab
- Click on Financial Aid you don't Repay
- Scroll down to Scholarships
- Click on Minnesota Indian Scholarship
- Scroll down and complete the online application

American Indian College Fund www.collegefund.org

- Hoover over For Students
- Click scholarships
- Scroll down to apply

Keep in mind that all scholarships have eligibility criteria. There are also local scholarships you may be eligible to apply for. Contact your financial aid office for more details.