Read instructions before completing application. Incomplete applications will not be processed.
Return the application to the Minnesota Indian Scholarship Program by mail or fax.
Applications can also be submitted online at www.ohe.state.mn.us/indianscholarship
If you have questions, use the contact information above or submit email inquiries to info.ohe@state.mn.us.

Complete Application Checklist

In order for your application to be considered **complete**, your application must include the following:

☐ **Student Section** completed with all the required information and is signed and dated
  o If a new applicant, also submit American Indian ancestry documentation
☐ Completed **Free Application for Federal Student Aid (FAFSA)** or **Minnesota Dream Act application** and applied for all available state and federal aid
☐ **College or University Section** completed by an authorized representative (usually someone in the financial aid office) at the college or university you attend or plan to attend that includes all of the required information

Program Information

The Minnesota Indian Scholarship Program (MISP) provides postsecondary financial assistance to eligible American Indian Minnesota Resident Students. Undergraduate students may receive up to 5 annual awards (limited to 3 annual awards for students in less than 4-year programs) and graduate students may receive up to an additional 5 annual awards. Students may receive the scholarship for 1 degree per undergraduate educational level and 1 terminal graduate degree. The annual award is up to $4,000 per academic year for undergraduate students and up to $6,000 per academic year for graduate students. Eligible students may receive awards in up to 3 semesters, 4 quarters, or the equivalent during an award year.

Eligibility

To be eligible, students must:
- Possess one-quarter or more American Indian ancestry **or** be an enrolled member or citizen of a federally-recognized American Indian tribe or Canadian First Nation;
- Be enrolled in an accredited postsecondary institution in Minnesota;
- Complete the FAFSA or Minnesota Dream Act Application to apply for other state and federal financial aid;
- Be an undergraduate student enrolled at least 3/4 time or a graduate student enrolled at least 1/2-time;
- Be meeting Satisfactory Academic Progress (SAP) requirements as defined by the institution;
- Not be in default on a state or federal student loan; and
- Demonstrate financial need.

The Priority Deadline is July 1st. Eligible students who have complete applications on file by this date, will receive award notices by early August. All eligible students will be notified of their awards as soon as possible provided funds are available.

Notice to Applicants

Section 7(b) of the Federal Privacy Act of 1974 (5 U.S.C. 552a) requires that when any federal, state, or local government agency asks you to disclose your Social Security Account Number, you must be advised whether that disclosure is mandatory or voluntary, by what statutory or other authority the number is solicited, and what uses will be made of it. Accordingly, you are being advised that disclosure of your Social Security number is voluntary. The Social Security number will be used to verify your identity, and as an identifier of your file in order to record necessary data accurately. As an identifier, the Social Security number is used in this program for such purposes as processing the application form, program evaluation, and reporting and notification of program eligibility and award amount to your postsecondary institution. Pursuant to Minnesota Statutes, Sec. 13.04, subd. 2 (2004), you are hereby informed that the information supplied in this application may be used as follows: (1) in the processing and verification of the data supplied to determine your eligibility for this program; (2) for compilation and analysis of summary data relative to this program; and (3) for dissemination of information to the school. You are not required to provide the information supplied in this application. However, failure to submit requested data may prevent further processing of this application. The information supplied in this application may be shared with other public and private individuals and entities in order to use the information for the purposes specified above.

The Office of Higher Education does not discriminate on the basis of disability in the admission or access to, or treatment or employment, in its programs or activities. This document can be made available in an alternative format to individuals by calling (651) 642-0567.

OFFICE OF HIGHER EDUCATION

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

Minnesota Indian Scholarship Program Application
2021-2022
Application
Page 1 – Student Section

Application Information – All Information Required

1. Type of Application	☐ New (never applied) ☐ Renewal (applied to program before)	2. Check all terms you plan to attend	☐ SSII (Starts after July 1) ☐ Fall ☐ Winter ☐ Spring ☐ SSI (Starts before June 30)

Student Info – All Information Required

3. Name (Last, First, Middle)			4. Social Security Number
5. Please list ALL names you have used other than the name listed above			6. Date of Birth
7. Mailing Address			8. E-Mail Address
9. City	10. State	11. Zip Code	12. Telephone Number ( ) -
13. Permanent Address (if different from mailing address)	14. City	15. State	16. Zip Code

17. Gender (check one) ☐ Male ☐ Female ☐ Prefer not to answer	18. Marital Status (check one) ☐ Single ☐ Married ☐ Other (Divorced, Separated etc.) ☐ Prefer not to answer

19. College or University you attend or are planning to attend	20. Degree seeking?	☐ Certificate/Diploma ☐ Associate's ☐ Bachelor' ☐ Graduate/Master's ☐ Doctorate or Professional

21. Major/Program	22. Expected Graduation Date (Month/Yr)	23. Do you intend to enroll in a teacher preparation program? ☐ Yes ☐ No

24. Did you or will you graduate from high school? ☐ Yes ☐ No	If **YES:**	High school name, city, and state	Graduation Year:	If **NO:**	GED completion Year:

25. Tribal Affiliation (check one): ☐ Enrolled in Tribe ☐ Combination	All new applicants **must** provide documentation verifying they meet the eligibility requirements. If ancestry is from more than one tribe or band, applicant **must** provide documentation showing blood quantum from each tribe or band.

26. Please list all tribes with which you are affiliated (**If Minnesota Chippewa Tribe, indicate band**):

Tribe and Band (if applicable):	Tribal Address (include country, city, state, zip):
Tribe and Band (if applicable):	Tribal Address (include country, city, state, zip):
Tribe and Band (if applicable):	Tribal Address (include country, city, state, zip):

STUDENT CERTIFICATION AND PERMISSION FOR RELEASE OF INFORMATION
Please check the box next to each statement indicating that you understand the statement:

☐ I give permission to my college, MOHE, and listed tribal offices to verify information provided on this application and to obtain information for all funding sources relating to this application and for verifying my degree of Indian ancestry.

☐ I give permission to my college, tribal officials (from the tribes or bands listed) and/or MOHE to enter the information from this application onto the web-based application on my behalf.

☐ I certify that the information on this application is true and correct and I promise to provide additional documentation if requested. I promise to provide a written report to MOHE of any changes.

☐ I understand this form is used to establish eligibility for this program and that if I purposely give false or misleading information on this form, I may be subject to a fine, prison sentence or both; and such action may result in the forfeiture of future awards from this program.

☐ I understand that any changes in my FAFSA, MN Dream Act Application, Pell Grant, MN State Grant, or other state or federal financial aid may cause my scholarship award to be adjusted.

☐ I understand that all awards are subject to the availability of funds.

☐ I certify that I have read and understand the Notice to Applicants section in the form instructions.

Applicant Signature	Date

OFFICE OF HIGHER EDUCATION

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

Minnesota Indian Scholarship Program Application
2021-2022
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 (2021)**	**Fall**	**Winter**	**Spring**	**Summer 1 (2022)**	**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: