



Higher Education Department
P.O. Box 645
Macy, Nebraska 68039
Phone: 402.837.5357 – Fax: 402.837.4027
Phone: 402.837.5391 Ext 445/446
Email: mlmitchell@theomahatribe.com

The Omaha Tribe Education Department commends your interest in pursuing higher education and we are here to assist you with your educational goals. Grant applicants must successfully submit completed application to the Omaha Tribe Higher Education Department according to the specified time frame listed below.

- **FALL SEMESTER – JULY 31ST**
- **SPRING SEMESTER – NOVEMBER 15TH**
- **DUE TO LIMITED FUNDING OMAHA TRIBE HIGHER EDUCATION DOES NOT FUND SUMMER SCHOOL OR GRADUATE SCHOOL.**
- **APPLICATIONS MUST INCLUDE THE FOLLOWING REQUIRED DOCUMENTS FOR CONSIDERATION OF THE SCHOLARSHIP.**
 - BIA APPLICATION
 - LETTER OF ACCEPTANCE FROM COLLEGE
 - CLASS SCHEDULE
 - NEEDS ASSESSMENT-COMPLETED BY SCHOOL'S FINANCIAL AID OFFICE
 - STUDENT AID REPORT FROM FAFSA
 - OFFICIAL TRANSCRIPT, IF STUDENT WAS PREVIOUSLY FUNDED BY OMAHA TRIBE SCHOLARSHIP PROGRAM
- **COMPLETED APPLICATION MUST BE SUBMITTED BY SPECIFIED DEADLINE, CONSIDERATION FOR THE SCHOLARSHIP WILL BE BASED ON FIRST COME, FIRST SERVED DUE TO FUNDING.**

IT IS VERY IMPORTANT THAT YOU FILL OUT YOUR FAFSA, PLEASE VISIT THE WEBSITE AT: www.fafsa.ed.gov

If you have any questions, please feel free to contact our office.



Education Department
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Macy, Nebraska 68039

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Return to your Home
Agency for Processing

BUREAU OF INDIAN AFFAIRS HIGHER EDUCATION APPLICATION

All information requested is voluntary, however, failure to fully complete
All applicable parts may result in delay of processing this application.

Application request:

☐ Entire Academic year ☐ - ☐
☐ Other (specify) _____

Social Security Number: Last Name: First Name: Middle: Maiden:

Present Home Address City State Zip Code Date of Birth

Sex: Telephone: Marital Status: ☐ Single ☐ Married ☐ Divorced Veteran: ☐
M F ☐ Separated ☐ Number of Children ☐ Yes ☐ No
Tribal Affiliation: Home Agency: State of Residency:

For Census/Certification Purposes:

Father's Name: Birthdate: Tribe/Home Agency:
Mother's Name: Birthdate: Tribe/Home Agency:

Degree of Indian Blood: Enrollment Number:
AGENCY MUST ATTACH THE CERTIFICATE OF INDIAN BLOOD. (IF NEW BIA GRANT APPLICANT) I have reviewed
the application. I certify that the information is correct to the best of my knowledge.
Enrollment Officer: Date:

Name and Address of High School Type of School Date of High School
BIA Private/Mission Graduation of GED
Public Tribal

Name and Address of College Selected Were you awarded a BIA Grant: Yes No
If Yes, what year(s) where

No. Semester Hrs. Quarter Hrs.
College Major: Year in College: Full Time
1 2 3 4 Part Time

College Minor:

Date of Class registration: Date of Expected Degree: Expected Degree: AA BA BS Other
Will live: On Campus Off Campus Parents

Expected Income while in School: Social Security Veterans Benefits State
Voc. Rehab. Spouse Other
Welfare(AFDC) Tribe Total

STATEMENT OF EDUCATIONAL PURPOSE: I declare that I will use any funds I receive under the Bureau of Indian Affairs Higher Education Grant Program solely for education expenses connected with attendance at . I also hereby certify the information on this form is true and correct to the best of my knowledge and consent to the release of this information to the necessary agencies to complete my financial aid package. I request that any BIA grant awarded to me in care of the financial aid office of the institution. I will provide an Official Transcript to the Omaha Tribal Higher Education office at the end of each academic term. I acknowledge that failure to provide this information jeopardizes my funding for the next term.

Signature of Student: Date:



Omaha Tribe of Nebraska Higher Education Office
P.O. Box 645
Macy, Nebraska 68039
Tel: 402.837.5391 Ext.445-446 Fax: 402.837.4027

Student Name: _____ SSN: _____
Home Address: _____ Phone: _____
City, State & Zip Code: _____ Martial Status: _____
Yr. in College: _____ Major: _____ Minor: _____

PLEASE READ:

Send the necessary applications for applying for college administrated financial aid. A copy of the Omaha Tribe application is on file at the Omaha Tribe Education office for consideration of the Financial Aid grant. Additional financial aid information listed below will need to be submitted once all necessary information is obtained and forwarded to the above listed address. All students are required to apply for other sources of funding available through the Financial Aid Office. **Higher Education grants are supplemental.**

To Be Completed by the Financial aid Officer:

The Education Department of the Omaha Tribe of Nebraska hereby states that the completion of this document is a requirement of the application process and it should not be viewed as acceptance into the program. The Education department of the Omaha Tribe makes no warranty of any kind expressed or implied with regards to a financial award to the above student. The Education Department of the Omaha Tribe will notify by award letter to both student and educational institution.

This student is considered: _____ Independent _____ Dependent
Budget Period: From _____ to _____ Beginning: _____

Assessed Budget amount: _____

RESOURCES AVAILABLE TO THE STUDENT

Parent Contribution \$ _____	Pell Grant \$ _____	Tuition \$ _____
Student Contribution \$ _____	SEOG \$ _____	Books \$ _____
Spouse Contribution \$ _____	Work Study \$ _____	Fees \$ _____
VA Benefits \$ _____	G.S.I. \$ _____	Room/Board \$ _____
Social Security Benefits \$ _____	Voc. Rehab \$ _____	Personal \$ _____
Welfare \$ _____	Other Sch. Loans \$ _____	Travel \$ _____
State Scholarships \$ _____	Scholarships \$ _____	
Total Resources \$ _____	Total Education Costs \$ _____	

Total Unmet Need \$ _____ Total Education Cost \$ _____

Name of College	Address	City	State	Zip Code
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Signature of Financial Aid Officer	Phone/ Fax Number	Date
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CONSENT FOR RELEASE OF INFORMATION

Date: _____

TO: _____

ADDRESS: _____

REASON FOR REQUEST: _____

I hereby give my permission to release information to:

Education Department
Omaha Tribe of Nebraska
P.O. Box #645
Macy, Nebraska 68039

STUDENT'S FULL NAME (Please Print)

DATE OF BIRTH

STUDENT'S SIGNATURE OR SIGNATURE OF
PARENT/LEGAL GUARDIAN IF UNDER 18 YEARS OF AGE

ATTENTION: According to Family Education Rights and Privacy Act f 1974
 (P.L. 93-380), the parent, guardian of 18 years old, has the right
 To make a written request to view any records released.