



ONEIDA NATION OF WISCONSIN HIGHER EDUCATION APPLICATION

P.O. Box 365, Oneida, WI 54155
920-869-4333 1-800-236-2214 FAX 920-869-4039
www.oneidation.org

FOR ACADEMIC SCHOOL YEAR _____ to _____

PART I – TO BE COMPLETED BY APPLICANT AND RETURNED TO ONEIDA HIGHER EDUCATION

Social Security Number	Last Name	First Name	M.I.	(Maiden)	Birth date
					<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Home Address	City	State	Zip Code	Telephone Number ()	
High School Name, City and State	HS Graduation Date	Type of High School: (Circle) PUBLIC PRIVATE BIA TRIBAL			Type of High School Degree: (Circle) DIPLOMA GED HSED
Student Status: <input type="checkbox"/> NEW <input type="checkbox"/> CONTINUING <input type="checkbox"/> RE-ENTRY	Year in College/University <input type="checkbox"/> FRESHMAN <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR <input type="checkbox"/> GRADUATE / PROFESSIONAL	Term/Semester Attending <input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER		Enrollment Status: <input type="checkbox"/> FULL-TIME (12+) <input type="checkbox"/> 1/2 -TIME (6-8) <input type="checkbox"/> 3/4-TIME (9-11) <input type="checkbox"/> 1-5 CREDITS	
Name & Address of University / College / Institution Attending					

Classes Start: _____	Major/Course of Study	Expected Degree: (Circle) TECH-DIPLOMA ASSOCIATE BACHELORS MASTERS DOCTORATE / PHD. JURIS DOCTORATE OTHER _____
Expected Graduation Date: _____	List Previous College(s) Attended and Year:	
		Have you ever received an Oneida Higher Education / BIA Grant Before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?

IMPORTANT – STUDENT STATEMENT OF RELEASE OF INFORMATION

I declare that the information given by me on this form is true, correct and complete to the best of my knowledge. If granted assistance, I will use it only for education expenses and purposes. I agree that any educational related information may be shared between the Oneida Tribe, State and the school. I request the Office of Student Financial Aid to notify the State and Tribe of my financial need and authorize any school I am attending to release a copy of my grade transcript to the Tribe. I understand that my tribal grant will be mailed to me in care of the Office of Student Financial Aid or Business Office at the school I attend.

Signature of Applicant

Date

PART II – TO BE COMPLETED BY TRIBAL CERTIFYING OFFICIAL

I hereby certify that the above named applicant is an Oneida Tribal Member and is _____ degree of Indian blood according to available records.

Certifying Official Signature

Date

Enrollment Number

*** TO BE COMPLETED BY THE HIGHER EDUCATION OFFICE ***

For Continuing Students:

Oneida Tribal Certification on file at HE: Yes No

Initials

Date