

DAKOTA INDIAN FOUNDATION SCHOLARSHIP APPLICATION

This scholarship program is established for the further educational advancement of Native American students with priority to those of Lakota, Dakota, Nakota heritage. Students must be a **Sophomore, Junior or Senior** to be eligible and must have completed a minimum of 24 credit hours. Scholarships are for any approved course of study at an accredited college, university or vocational school. Recipients must maintain at least a 2.5 GPA to remain eligible, and be enrolled full time each semester. Scholarships will be limited to funding availability. DIF does not fund summer semesters.

Dakota Indian Foundation determines the number and amount of available scholarships and students are expected to find suitable employment for personal expenses.

http://dakotaindianfoundation.org/request_scholarship_application0.aspx

APPLICATION PROCESS

Complete the application form attached. **Deadlines are August 1 for the fall semester and January 15 for the Spring semester.** Complete applications will only be considered. The following forms are to be submitted with the application form:

APPLICATION PROCESS FOR UNDERGRADUATE AND GRADUATE AWARD

- _____ Official transcript in a sealed envelope from the school registrar's office
- _____ Tribal enrollment from the enrollment office at the respective reservation
- _____ Current Photo
- _____ Recommendation letter from school advisor, counselor or professor who is knowledgeable of your abilities to succeed
- _____ Financial need analysis completed by the school financial aid officer
- _____ Personal statement from the applicant

Applicants will be notified by mail if granted a scholarship. It is advised that applicants check with the DIF office prior to the deadline to see if all requirements have been received. Incomplete applications are the responsibility of the applicant to complete, not the Dakota Indian Foundation.

Return all application forms to:

Dakota Indian Foundation
PO Box 340
209 N. Main Street
Chamberlain, SD 57325-0340
PHONE: 605-234-5472 FAX: 605-234-5858

DAKOTA INDIAN FOUNDATION SCHOLARSHIP APPLICATION

(All information on this form is and will remain confidential)

DEADLINES: August 1 Fall Semester; January 15 Spring Semester

PERSONAL INFORMATION

Name _____ Age _____ Date of Birth _____

Home Address _____ City _____ State _____ Zip _____

Telephone Number _____ Social Security Number _____

Parent's Name _____ Telephone Number _____

Address _____ City _____ State _____ Zip _____

*****SEND A COPY OF YOUR TRIBAL ENROLLMENT WITH APPLICATION*****

Name of Agency _____

Address _____ City _____ State _____ Zip _____

****PLEASE ATTACH A CURRENT PHOTOGRAPH OF YOURSELF****

I authorize the Dakota Indian Foundation to use my photo in any campaign or literature.

Signature _____ Date _____

My signature confirms that I agree to take and maintain a minimum of 12 credit hours, or the check will be returned to Dakota Indian Foundation.

Signature: _____ Date _____

SCHOOL INFORMATION

Class (Please check -Sophomore- -Junior- -Senior Graduate Level

(The applicant must have at least 24 credits or above to qualify for the undergraduate Scholarship)

Applicant must have a BA/BS degree to qualify for the Graduate Scholarship.

Degree & Date _____ College/ University _____ Major _____

Educational institution you are presently attending _____

School Address: _____ City _____ State _____ Zip _____

Current field of study _____

GPA: _____ Date of graduation _____

Have you received the Dakota Indian Foundation Scholarship before? YES _____ NO _____

CHAMBERLAIN SD 57325
605-234-5472 or Fax 605-234-5858

Financial Aid Needs Analysis
Dakota Indian Foundation, PO Box 340, Chamberlain, SD 57325-0340
Deadline: August 1 Fall Semester; January 15, Spring Semester

Name: _____

Address: _____
Street/PO Box # City State Zip Code

School Year: _____ Credit Hours completed: _____ Phone: _____

*****TO BE COMPLETED BY THE FINANCIAL AID ADMINISTRATOR*****

The above named student has applied for a Dakota Indian Foundation Scholarship. Verified financial need information is needed from your office before we can take action on this application. Please complete and forward this form to the above address. Your assistance is greatly appreciated. Thank you!

Budget Period From: _____ To: _____ Beginning on: _____

Resources: Parental Contribution _____ PELL _____ **Cost:** Tuition _____

Student Contribution _____	CWS _____	Fees _____
Spouse Contribution _____	NDSL _____	Books _____
VA Benefits _____	SEOG _____	Room _____
SS Benefits _____	Stafford _____	Board _____
TANF _____	Perkins _____	Travel _____
Loans: _____	Voc Rehab: _____	Misc _____
Other _____		

Total Resources: _____ Total Cost _____

This applicant is not eligible for PELL due to _____

Unmet Need: \$ _____

Name of Institution: _____

Address: _____

Signature Financial Aid Officer

Date

Phone