



# MADISON COLLEGE FINANCIAL AID

## Indian Scholarship Application

**INSTRUCTIONS** - Complete Student Information section of this form and send it to your Tribe for Completion of the second section.

### STUDENT INFORMATION

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Maiden Name \_\_\_\_\_ Marital Status:  Single  Married  Divorced  Separated

Permanent Home Address \_\_\_\_\_

Name & Address of H.S. Attended \_\_\_\_\_  Public  Private  BIA

Date of High School Grad or GED \_\_\_\_\_ Expected College Graduation Date \_\_\_\_\_

Name and Address of School you selected/plan to attend Madison College, 1701 Wright Street, Madison, WI 53704

Date you will register for classes \_\_\_\_\_  Full Time  Part Time

Year in school/College/University:  Freshman  Sophomore Will Live:  Off Campus  With Parents

Program of Study \_\_\_\_\_ Expected Degree:  Associates  Technical Diploma

Have you received a BIA grant before?  Yes  No When? \_\_\_\_\_ State of Residency \_\_\_\_\_

Tribal Affiliation \_\_\_\_\_ Reservation \_\_\_\_\_

List Previous Colleges Attended and Dates \_\_\_\_\_

Check any that apply: <input type="checkbox"/> Parents Separated <input type="checkbox"/> Father Deceased <input type="checkbox"/> Parents Divorced <input type="checkbox"/> Mother Deceased <input type="checkbox"/> Under Guardian/Adopted	Expected income while in school (Per Month): Social Security \$ _____ Veteran's Benefits \$ _____ Vocational Rehab \$ _____ Spouse \$ _____ Welfare (AFDC) \$ _____ Other \$ _____
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Applicant's Father's Name \_\_\_\_\_ Tribe/Reservation \_\_\_\_\_

Applicant's Mother's Maiden Name \_\_\_\_\_ Tribe/Reservation \_\_\_\_\_

Source of Parent/Guardian Income:  Business  Farm  Employment  Pension  Welfare

*I declare that the information given by me on this form is true, correct and complete to the best of my knowledge, and that if granted assistance I will use it only for educational expenses and purposes and agree that this information may be shared between the Bureau of Indian Affairs, Tribe, State and the institution. I further agree that I will contact the financial aid office of the institution I have selected and will apply for financial aid available to me. I request the financial aid office to notify the BIA-State-Tribe of my financial need and authorize any school I am attending to release a copy of my transcript to the BIA-State-Tribe at the end of each academic period. I request that any Bureau scholarship funds awarded me be mailed to me in care of the financial aid or business office at the institution I attend.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Electronic signatures are not accepted.\*

### TO BE COMPLETED BY BUREAU OF INDIAN AFFAIRS OR TRIBAL CERTIFYING OFFICIAL

I hereby certify that the above named applicant is \_\_\_\_\_ degree \_\_\_\_\_ Indian blood according to available records.

Name of Tribe \_\_\_\_\_  Eligible for BIA Services  Ineligible for BIA Services

Certifying Official Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Electronic signatures are not accepted.\*

### SUBMISSION INSTRUCTIONS

Please submit the completed form in **one** of the following ways:

- Email: [financialaid@madisoncollege.edu](mailto:financialaid@madisoncollege.edu)
- Mail: Madison College Financial Aid, 1701 Wright Street, Madison, WI 53704
- Fax: (608) 243-4245
- In Person: At the Truax Enrollment Center or at any Regional or Metro campus

**Questions?** Search FAQs under [askMadisonCollege](http://askMadisonCollege), send us an email, or contact us by phone at (608) 246-6170.