

ONEIDA INDIAN NATION



EDUCATION DEPARTMENT EDUCATION ASSISTANCE REQUEST FORM

To be completed by Student:

Legal Name:		Enrollment #:
Chosen Name, if different than Legal Name:		Student ID #:
Personal E-mail:		Last 4 Digits of Social Security #:
School E-mail:		Date of Birth:
Phone:	Gender:	Pronouns:
Marital Status (Please submit all official documents for verification): Single Married Separated Divorced Widowed		
Number of Dependents : _____ *Please submit all official documentation for verification, ex: custody agreement, divorce decree, school records, etc.		
Your Physical Address:	Your Mailing Address:	Living Circumstances (circle one): With parents & commuting On Campus Campus Housing On own & commuting -If so, also circle one of the following below: Lease · Mortgage · With someone but not listed on lease/mortgage *Please submit copy of signed lease or mortgage statement & current utilities bill
Name & Address of Educational Institution:		Stipend Preference (circle one): Mailed Check Direct Deposit -fill out additional form
Year within Degree Level (circle one): NOTE: if you are a 1 st year Bachelor's student, but have already earned Associate, circle 3 rd 1st 2nd 3rd 4th Other: _____		Level of Education (circle one): Vocational Undergraduate Graduate
Degree Type (circle one): Certificate Associate Bachelor's Master's Research Ph.D. Professional Practice (if Professional Practice, list type): _____		Field of Study: Anticipated Date of Graduation (MM/YYYY): _____

I give permission for the College/University/Technical school to release my financial and academic information to the Oneida Indian Nation Scholarship Program. The Scholarship Program will need financial aid information listed below in order for my scholarship application to be processed. Please complete the below information and forward to the e-mail address or fax line located at the bottom of this form.

Student Signature: _____ **Date:** _____

To be completed by Educational Institution Financial Aid Officer:

Budget Period (MM/DD/YYYY) From: ___/___/___ To: ___/___/___	Term(s): _____ Classes start on: ___/___/___	This student is considered (circle two): • Matriculated / Non-matriculated & • Dependent / Independent
Scholarship checks should be mailed to the following address (please include ATTN to specific office/person(s) if applicable): _____ _____ _____		Circle one and fill in blank • This student is enrolled for ___ credit hrs. per term OR • This student is enrolled for ___ clock hrs. total. over ___ (#) weeks
		The Registrar's Office would classify this student's status as: Part-time Full-time Other: _____
		Academic system (circle one): Semesters Trimesters Quarters Other If "other," please list: _____
Student/Parent/Spouse Contribution		Tuition
VA Benefits		Fees
Social Security Benefits		Books
State Grants		Room (include amount even if student not living on campus)
Pell Grants		Board (include amount even if student not living on campus)
Subsidized Loan		Meal Plan (only list if not already included in Board above)
Unsubsidized Loan		Other
SEOG		Other
Other		Other
Other		*NOTE: totals need not be included

Print Name: _____ Signature: _____ Date: _____ Phone: _____
Address: _____ E-mail: _____

To be completed by Oneida Indian Nation Scholarship Coordinator:

Total Attendance Expenses per Term/Year: _____	Recommended Award per Term: _____
Total Factored-In Resources per Term/Year: _____	Deductions: _____
Total/Actual Cost of Attendance Per Term/Year: _____	Total Award Granted for the Term: _____