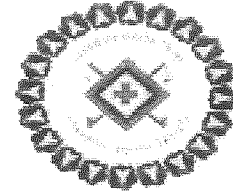


**RST Higher Education Program**  
**PO Box 40 Rosebud, SD 57570**  
**(605) 747-2375 1-877-691-8183 Fax (605) 747-5479**  
**Email [rsthighered@gwtc.net](mailto:rsthighered@gwtc.net)**



Dear Student;

The RST Higher Education Program's purpose is to serve eligible Sicangu people and provide opportunity to achieve their educational goals. This opportunity is provided as a privilege with the intent that tribal members will return to the Rosebud Reservation to apply their learning to the development of the Sicangu Oyate.

**A completed application consists of the following:**

- **Application Form**
- **Certificate of Degree of Indian Blood**
- **College Letter of Acceptance or Open Door Policy**
- **College Transcript(s) or Official Grade Report**
- **Financial Needs Analysis Form from College Financial Aid Officer**
- **High School/GED Diploma (new students)**

All documents must be submitted by the deadline date for the terms you are applying. Your file must be complete before review and awards are contingent upon academic progress, financial needs and availability of funds. Minimum requirements are 12 credit hours w/ 1.5 GPA for freshman students. You must have completed the FAFSA for the college to fill out your FNA Form. Students in financial default are not eligible for funding. We do not fund certificate programs. For vocational non-degree programs; contact the AVT Scholarship officer at Sinte Gleska University. Awards are based on funding priorities; awarded on a first come until funding is depleted for the term. You must submit a new application each funding year and maintain a GPA of 1.5-freshman; 2.00 sophomores; 2.5 for junior and seniors.

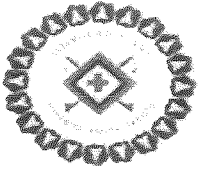
**Funding priorities:**

- 1. Continuing students**
- 2. Reservation students beginning with seniors**
- 3. In-State students beginning with seniors**
- 4. Out of State students beginning with seniors**

#### **DEADLINE DATES**

**July 1** Academic Year (Fall, Winter and Spring Semesters, Quarters, Etc.)

**December 1** Spring Term Only (Spring semester, quarter, trimester)



HIGHER EDUCATION SCHOLARSHIP APPLICATION

RST Higher Education PO Box 40 Rosebud, SD 57570

Toll Free (866) 691-8183 (605) 747-2375

Email: [rsthighered@gwtc.net](mailto:rsthighered@gwtc.net)

Fax (605) 747-5479

Application Request: 2019-2020 \_\_\_ New \_\_\_ Renewal

Student Information

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Last Name	First Name	MI	Maiden
Address (Permanent)	City	State	Zip Code
Date of Birth	Student ID Number	Social Security Number	RST Enrollment Number
Sex	Marital Status	Number of Dependents	

High School Information

Type: Tribal Public Private GED

Name/Address of High School	Graduation Date
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College Information

College Name/Address	College Major
<b>Classification</b> ___ Freshman ___ Sophomore ___ Junior ___ Senior	<b>Degree</b> ___ Associate of Arts ___ Bachelors ___ Other
<b>Request</b> ___ Fall ___ Spring	<b>Status</b> Full time/Part time Full time/Part time

Have you completed the Free Application for Federal Student Aid (FAFSA)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, please visit <https://fafsa.ed.gov/> and complete as soon as possible.

Have you ever applied for this grant? If so, when: \_\_\_\_\_

Application deadlines dates: July 1, 2019 December 1, 2019

\*All requested information must be provided by deadline to be considered complete.

Statement of Certification and Consent for Release of Information

I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to necessary agencies to complete my financial aid package. I agree that any grant awarded to me be mailed to me in care of the financial aid office of the college/university. I will provide an official Grade Report or Transcript to the RST Higher Education Program at the end of each term. I declare that I will use any funds I receive under the RST Higher Education Office solely for the expenses connected with attendance at this college/university.

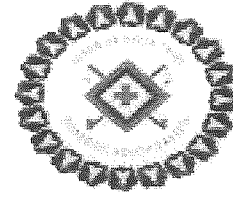
Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**RST Higher Education Program**

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**Financial Needs Analysis Form  
2019-2020**

**Part I: To be completed by Student**

Students Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_

I grant permission to: \_\_\_\_\_ to release information as requested below to the RST Higher Education Program for scholarship eligibility.

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

**Part II: To be completed by Financial Aid Officer** Budget Period: \_\_\_\_\_ to \_\_\_\_\_

**School Expenses**

Tuition \_\_\_\_\_  
Fees \_\_\_\_\_  
Books/Supplies \_\_\_\_\_  
Room/Board \_\_\_\_\_  
Transportation \_\_\_\_\_  
Personal Expenses \_\_\_\_\_  
Childcare \_\_\_\_\_  
Misc. /Other \_\_\_\_\_

**Student Resources**

Parent Contribution \_\_\_\_\_  
Student Contribution \_\_\_\_\_  
Veterans Benefits \_\_\_\_\_  
Vocational Rehabilitation \_\_\_\_\_  
State Scholarship \_\_\_\_\_  
State Indian Grant \_\_\_\_\_  
College Grants \_\_\_\_\_  
Other \_\_\_\_\_

**Awards**

Pell \_\_\_\_\_  
GSL \_\_\_\_\_  
SEOG \_\_\_\_\_  
Work Study \_\_\_\_\_  
Stafford Sub \_\_\_\_\_  
Stafford Unsub \_\_\_\_\_  
Direct PLUS Loan \_\_\_\_\_  
PLUS Loan \_\_\_\_\_  
Scholarship \_\_\_\_\_  
Tuition Waiver \_\_\_\_\_  
Other \_\_\_\_\_

**Total Expenses** \$ \_\_\_\_\_ **Total Resources** \$ \_\_\_\_\_ **Total Awards** \$ \_\_\_\_\_

**Unmet Need:** \$ \_\_\_\_\_

**Classification:** Fr \_\_\_\_\_ Soph \_\_\_\_\_ Jr \_\_\_\_\_ Sr \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

**School System:** Semester \_\_\_\_\_ Quarter \_\_\_\_\_ Trimester \_\_\_\_\_ Other \_\_\_\_\_

Financial Aid Officer: \_\_\_\_\_ College/University: \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Date \_\_\_\_\_

Email: \_\_\_\_\_