

# **Wiyot Tribe**

## **BIA Higher Education Grant**



### **Required Information Checklist**

- Completed application (attached)
- Statement of Financial need (attached, to be completed by the College or Universities financial aid office).
- Proof of enrollment (Class schedule, receipt of fees or statement of classes in-progress)
- Must be an enrolled citizen of the Wiyot Tribe
- Check here if you would like more information about financial aid. You will be contacted to make an appointment with the Social Service Director.

## BIA Higher Education Grant

Applicant Name: \_\_\_\_\_  
Last, Fist Middle Initial

Address: \_\_\_\_\_  
Street

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### City, State, Zip

This is a new mailing address, please update my enrollment record.

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

Semester: \_\_\_\_\_ School Year: \_\_\_\_\_

Major/Degree: \_\_\_\_\_ Total Units: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Name of College or University: \_\_\_\_\_

Address of College/University: \_\_\_\_\_  
Street

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### City, State, Zip

College Financial Aid Telephone Number: \_\_\_\_\_

Comments/Other Information: \_\_\_\_\_

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Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street      City      State      Zip

Tribal Affiliation: \_\_\_\_\_ Phone: \_\_\_\_\_

## TO BE COMPLETED BY COLLEGE FINANCIAL AID ADVISOR

This student has applied for a Bureau of Indian Affairs (BIA) Higher Education Grant. This applicant is required by federal rules to apply for college based aid, Pell Grant, state grants, and all other sources of aid available. Verified financial need information is needed through your office before the BIA can take action on the student's application. Thank you for your assistance.

School Year: \_\_\_\_\_ This student is considered:  Independent  Dependent

\$ \_\_\_\_\_ Budget =      \$ \_\_\_\_\_ Tuition & Fees      + \$ \_\_\_\_\_ Books & Supplies  
                          + \$ \_\_\_\_\_ Room & Board      + \$ \_\_\_\_\_ Transportation  
                          + \$ \_\_\_\_\_ Personal & Child Care      + \$ \_\_\_\_\_ Other

\$ \_\_\_\_\_ Expected Parental Contribution (Calculated from the SAAC)

\$ \_\_\_\_\_ Expected Student Contribution (Combination of school year earnings, assets, and summer earnings/savings).

\$ \_\_\_\_\_ Spouse's Contribution (if applicable).

### Aid/Resources

\$ _____ Pell Grant	\$ _____ Veteran's Benefits	\$ _____ Scholarships
\$ _____ Work Study	\$ _____ Vocational Rehab	\$ _____ BOCC
\$ _____ SEOG	\$ _____ TANF	\$ _____ Other
\$ _____ NDSL	\$ _____ EOP/EOPS	\$ _____ CalGrant A/B
\$ _____ Soc Sec	\$ _____ BOGFW	
\$ _____ Total Aid/Resources		

Estimated Student Need \$ \_\_\_\_\_

Signature: \_\_\_\_\_  
Financial Aid Officer      Date      Telephone Number

College: \_\_\_\_\_  
Name of College      Address      City      State      Zip

Mail to: **BIA Higher Education Grant**  
**Wiyot Tribe**  
**1000 Wiyot Dr.**  
**Loleta, CA 95551**