



PRELIMINARY APPLICATION FOR HIGHER EDUCATION FUNDS

NAME: _____ S.S.N: ____/____/____

ADDRESS: _____

PHONE: ____-____-____ DATE OF BIRTH: ____/____/____

TRIBE: _____ RESERVATION: _____

MARTIAL STATUS: S __ M __ D __ SEP __

DO YOU HAVE CHILDREN? _____ WHAT ARE THEIR AGES? _____

DO THEY LIVE WITH YOU? _____ DO YOU CURRENTLY PAY CHILD SUPPORT? _____

AMOUNT? _____ DO YOU RECEIVE ASSISTANCE? _____ MONTHLY AMOUNT? _____

IS YOUR SPOUSE EMPLOYED? _____ WEEKLY WAGES? (NET) _____

DO YOU/SPOUSE RECEIVE UNEMPLOYMENT OR ANY OTHER BENEFITS? _____

AMOUNT AND TYPE? _____

HIGH SCHOOL DIPLOMA OR GED? _____ YEAR RECEIVED? _____

TYPE OF TRAINING DESIRED? _____ BEGINNING WHEN? _____

NAME AND ADDRESS OF SCHOOL: _____

HAVE YOU REGISTERED? _____ COMPLETED FINANCIAL AID PACKET? _____

HAVE YOU RECEIVED FUNDING FROM BEAR RIVER BAND BEFORE? _____
(adult vocational training, higher education or direct employment assistance)

HAVE YOU RECEIVED BIA FUNDING BEFORE? _____

IF YES TO EITHER QUESTION, GIVE YEAR AND LOCATION OF TRAINING.

DID YOU COMPLETE THE TRAINING? _____ WHAT WAS SOURCE OF FUNDING? _____

ARE YOU PLANNING TO MOVE TO YOUR NEW TRAINING LOCATION? _____

HOW ARE YOU PLANNING TO MOVE? _____

DO YOU HAVE TRANSPORTATION? _____

WHO WILL CARE FOR YOUR CHILDREN WHILE YOU ARE IN TRAINING? _____

HOW MUCH WILL YOU BE CHARGED FOR THEIR CARE? _____

SIGNATURE _____ DATE: ____/____/____

BEAR RIVER BAND of ROHNERVILLE RANCHERIA
 266 KEISNER RD LOLETA, CA 95551-9707 PHONE 707-733-1900 FAX 707-733-1923



Name _____ Social Security _____

Address _____
 Street City State Zip Code

Tribal Affiliation _____

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 BIA can take action on the student's application. Thank you for your assistance.

Budget Period: From _____ To _____ which will start on _____

This student is considered: _____ independent _____ dependent

\$ _____ Budget = _____ Tuition & Fees \$ _____ Books/Supplies

\$ _____ Room & Board \$ _____ Transportation

\$ _____ Personal & Child Care \$ _____ Other

\$ _____ Expected Parental Contribution (Calculated from SAACY).

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

\$ _____ Spouse's contribution (if applicable)

\$ _____ Financial Need

Aid Resources

\$ _____ Pell Grant \$ _____ Veteran's Benefits \$ _____ Scholarships

\$ _____ Work Study \$ _____ Vocational Rehab \$ _____ BOCC

\$ _____ SEOG \$ _____ AFDC \$ _____ Other

\$ _____ NDSL \$ _____ EOP/EOPS

\$ _____ Cal Grant A/B \$ _____ Social Security \$ _____ Total/Aid

We recommend the BIA consider awarding this student \$ _____



Consent to Release Confidential and Financial Information

To Whom It May Concern:

I _____ authorize all banks, financial institutions, business, employers, credit reporting agencies and other business, college, university or private schools to which I am indebted or have assets located to provide information concerning, my finances, assets, and student status, without liability to:

Bear River Band of Rohnerville Rancheria _____ (Dept.)

I further authorize _____ from the Bear River Tribal Department access to the above stated confidential information for the process of my administrative paperwork.

Address: _____

City: _____, State: _____, Zip Code: _____

Print Name: _____ Signature: _____

Date Signed: ____/____/____



Repayment Acknowledgement/ Agreement and Irrevocable Assignment of Per Capita/ Revenue Sharing

I, _____, am the parent/ legal guardian of minor enrollment number _____, (Name and Tribal Roll #) accept educational funds from the Bear River Band of Rohnerville Rancheria. I understand that my Child/ Dependent is required to complete each semester successfully according to the policy guidelines. If He/ She fails to do so I will be required to pay back the amount rendered for the semester(s) when default occurred. Until the deficiency is cleared I agree to have my per capita/ revenue sharing be held. This consent is irrevocable.

Print Name: _____ Tribal ID # _____

Signature: _____ Date: _____