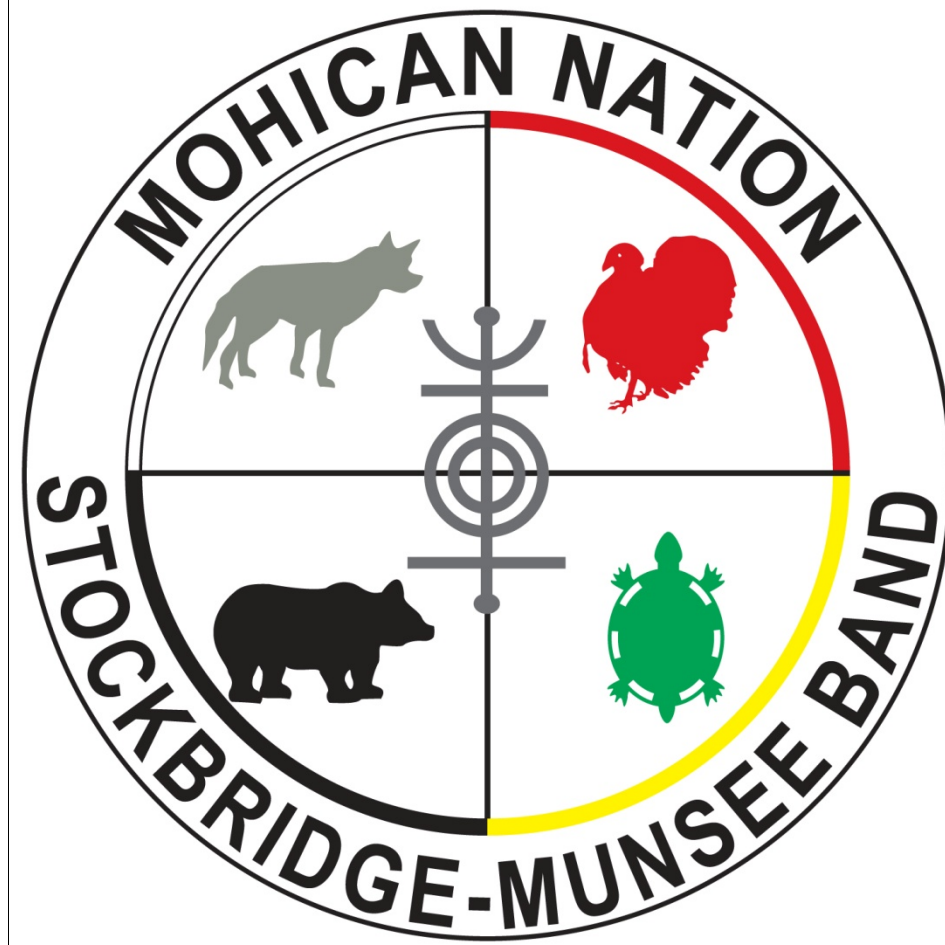


**STOCKBRIDGE-MUNSEE COMMUNITY  
BAND OF MOHICAN INDIANS**

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**Higher Education Grant Application Packet**

**Education Department**

P. O. Box 70

W12635 County Rd A

Bowler Wisconsin 54416

**Phone:** 715-793-4100 **Fax:** 715-253-2436

**STOCKBRIDGE-MUNSEE COMMUNITY  
BAND OF MOHICAN INDIANS**

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**Higher Education  
APPLICATION CHECKLIST**

**IMPORTANT! PLEASE READ CAREFULLY.**

The following forms are required each academic year unless it is bolded differently.  
Incomplete applications will not be processed.

- ✓ Education and Career Services Application
- ✓ Part 1 of the Wisconsin Indian Student Assistance Grant Application (in-state only) can be found at: [www.heab.state.wi.us/programs.html](http://www.heab.state.wi.us/programs.html) scroll down until you find e grant and choose either New Student or Continuing Student
- ✓ Academic Development Plan (advisor signed) **each semester/term**
- ✓ A copy of course schedule **each semester/term**
- ✓ Proof you applied for Free Application for Federal Student Aid (FAFSA) <https://studentaid.gov/>
- ✓ Signed Acknowledgement Form
- ✓ Signed Funding Acceptance Agreement
- ✓ Signed Statement of Privacy and Release of Information
- ✓ Signed Authorization Agreement for Direct Deposit (if student elects to use direct deposit) **only once unless you transfer banks/accounts**
- ✓ Copy of school's acceptance letter **once unless you transfer schools**
- ✓ Proof of selective service registration (male ages 18-25) **only once**
- ✓ Copy of your S/M enrollment card

Submit completed applications to:

Education Department  
Stockbridge-Munsee Community  
P.O. Box 70  
Bowler, Wisconsin 54416  
Tel 715.793.4100      FAX 715.253.2436



**Education and Career Services**  
 Stockbridge-Munsee Community  
 P. O. Box 70  
 W12635 County Road A  
 Bowler Wisconsin 54416  
 Phone: 715-793-4100 Fax: 715-253-2436



## Education and Career Services Application

### APPLICANT INFORMATION

First Name	MI	Last Name	Maiden Name	Date of Birth	Social Security Number
Street Address			City	State	Zip Code
Contact Phone		Alternate Contact Phone		Email:	
<b>Check services applying for today:</b>					
<b>Education:</b> ___ Post-Secondary Training (anything past high school), in accordance with academic development plan and if marked have you applied for Financial Aid? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>College/University Attending:</b> _____					
<b>Employment:</b> ___ Work Experience ___ Youth Employment ___ Summer Youth					
<b>Support Services:</b> ___ Uniform ___ Tools ___ Skills Training Other: _____					

### PERSONAL DATA: check and complete all that apply

<b>Tribal Affiliation (If Applicable)</b> Tribal Affiliation: _____ Enrollment #: _____ <b>OR</b> Parent Tribal Affiliation & Enrollment #: _____ <b>Are you a US Citizen?</b> Yes ___ No ___	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Marital Dependents Status:</b> ___ Single-No Children ___ Single with Dependent Children ___ Married-No Children ___ Married with Dependent Children ___ Caring for Elders in Home	<b>Are you a U.S. Veteran?</b> Yes ___ No ___ <b>Are you a spouse of a Veteran?</b> Yes ___ No ___ <b>*If no and male, have you registered with selective service?</b> Yes ___ No ___ <b>*If yes, write your Registration #</b> _____
<b>Employment Status:</b> <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Employed (circle one): Full- Time, Part-Time, or Seasonal <input type="checkbox"/> Other: _____			
<b>Education Status: What is the highest degree or level of school you have completed? (If currently enrolled, highest degree received)</b> <input type="checkbox"/> Some High School, No Diploma <input type="checkbox"/> High School Graduate, Diploma or Equivalent (GED, HSED) <input type="checkbox"/> Some College Credit, No Degree <input type="checkbox"/> Trade/ Technical/ Vocational Training <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD			

### CERTIFICATION

I hereby apply for educational or employment services from the Stockbridge-Munsee Community. I certify that the language in this application is true and correct. I authorize the Education and Career Services Department to process my application and verify the information contained in it. I further release other parties, including schools and governmental programs, to provide requested information to the Stockbridge-Munsee Education and Career Services Department so it may process my application. I understand that the falsification or material omission of information on this application shall be grounds for the denial of services and may result in legal action against me. I agree to abide by the program requirements outlined in the Stockbridge-Munsee Education and Career Services Program's Handbook in relation to services provided based on this application and understand that I may have appeal rights under the Stockbridge-Munsee Education and Career Services Program's Handbook

Applicant's Signature	Date	Parent/Guardian Signature (If Applicable)	Date
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**Education and Career Services Division**

Stockbridge-Munsee Community

P. O. Box 70

W12635 County Rd A

Bowler Wisconsin 54416

Phone: 715-793-4100

Fax: 715-253-2436"



**ACADEMIC DEVELOPMENT PLAN**

Academic Year: \_\_\_\_\_ - \_\_\_\_\_  
 (Please complete after you have registered)

If applicable, Please select: 1/4-TIME: 1-5 credits  1/2-TIME 6-8 credits  3/4-TIME: 9-11 credits  FULL-TIME: 12+ credits

First Name	MI	Last Name	Social Security Number
Declared Major/ Minor	College/University Attending	College/University Address	College/University Phone #
Expected Graduation Date	Please indicate what grade level you will be in for semester checked below: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate/Professional		

**IMPORTANT: COMPLETE ENTIRE NEXT SECTION**

PLEASE CHECK ONE BOX ONLY <input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER					
NAME OF COURSE	COURSE NO.	CHECK IF ON-LINE	CREDITS	START DATE	END DATE

List Future Plans \_\_\_\_\_

**PLEASE READ & SIGN**

An Academic Plan must be submitted for each semester/term you plan to attend. The academic plan is to assist you and your advisor with planning and selecting appropriate courses as required for your degree, certificate or diploma. If any changes or revisions occur you must submit an updated plan. Tribal funding will be based on the academic year of October 1<sup>st</sup> to September 30<sup>th</sup>. If you do not satisfactorily complete any of the courses identified in your Academic Plan, you will be required to reimburse the Stockbridge-Munsee Community for the grant funds provided for those courses.

Student's Signature	Date
School Counselor/Advisor Signature	Date
Print Name (Counselor/Advisor)	School Counselor/Advisor Telephone Number

**STOCKBRIDGE-MUNSEE COMMUNITY  
BAND OF MOHICAN INDIANS**

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**Higher Education  
ACKNOWLEDGEMENT FORM**

I \_\_\_\_\_, acknowledge that the Stockbridge-Munsee Community Education and Career Services Program's Student Handbook is located online and free to access at [https://www.mohican.com/mt-content/uploads/2021/12/handbook\\_tc\\_approved\\_on\\_10.5.21.pdf](https://www.mohican.com/mt-content/uploads/2021/12/handbook_tc_approved_on_10.5.21.pdf). This handbook outlines the terms and conditions of the Higher Education Program as well as my responsibilities. I understand that if I do not fulfill the terms and conditions of the Higher Education Program policies that I may be required to repay funding that I have received towards my education. I agree to provide transcripts at the conclusion of each term/semester, and to provide class schedules at the beginning of each term/semester. I understand that if I fail to provide the required information that my funding may be delayed, canceled or subject to repayment.

I have familiarized myself with the contents of the Higher Education Program's Student Handbook. By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in the Stockbridge-Munsee Community Education and Career Services Program's Student Handbook.

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**STOCKBRIDGE-MUNSEE COMMUNITY  
BAND OF MOHICAN INDIANS**

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**Higher Education**

**FUNDING ACCEPTANCE AGREEMENT**

**Initial each section after reading.**

\_\_\_\_\_ I hereby agree to attend the school indicated on this application and agree to follow all rules, regulations and attendance requirements of the school and to the best of my ability will satisfactorily complete the course work I have selected. I further agree that the funds issued to me for educational purposes will be used for such purposes.

\_\_\_\_\_ I agree that I will provide **an official transcript** regarding my progress at the end of each term/semester. I will also provide a **class schedule** at the beginning of each term/semester I will be attending. I will provide updated contact information; including address, phone, and email address to the Education Department staff whenever they change. I will also furnish other information as requested by the Education Department staff in a timely manner.

\_\_\_\_\_ I understand that I am required to successfully complete the number of credits within each semester/term for which the Stockbridge-Munsee Higher Education grant was provided and earn an equivalent to a **minimum 2.0 Grade Point Average (GPA) per semester/term for undergraduate students** and an equivalent to a **minimum 3.0 Grade Point Average (GPA) for graduate students**. I understand that if I do not meet the minimum academic requirements it will affect my funding.

\_\_\_\_\_ I understand that if I do not provide the Education Department with evidence of my progress, I will be required to **REIMBURSE** the Education Department for the funding advanced to me and I will not qualify for any further Tribal Education funding until I have reimbursed the Education Department in full.

\_\_\_\_\_ I understand that if I withdraw before the term /semester is completed, drop out, receive a 0.0 GPA and 0 credits, or otherwise fail to complete the term, semester, or grading period I will be required to **REIMBURSE** awarded funds and I will not be eligible for additional funding until the amount is paid in full.

***I, the undersigned, have read, understand, and agree to abide by the terms and conditions of this Funding Acceptance Agreement.***

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**STOCKBRIDGE-MUNSEE COMMUNITY  
BAND OF MOHICAN INDIANS**

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**Higher Education  
STATEMENT OF PRIVACY AND RELEASE OF INFORMATION**

The Privacy Act of 1974 requires each Federal agency that maintains a system of information on individuals to inform those individuals about:

- The authority, whether granted by statute or by executive order of the President, which authorizes the solicitation of the information and whether disclosure of such information is mandatory or voluntary.
- The principal purpose(s) for which the information is intended to be used.
- The routine uses which may be made of the information.
- The effects on him or her, if any, of not providing all or any part of the requested information.

The Higher Education Student College Assistance Program operates under the general authority of 24 USC Chapter 12, 42 Statute 208 P.L. 67-85, with specific legislation contained in 25 USC, subchapter E, Part 32, "Administration of Educational Loans, Grants and Other Assistance for Higher Education."

The applicant understands that the intent of collecting and maintaining this data is for determining eligibility and to provide a means of producing statistical records. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining higher education assistance under this program.

The administration of this program requires certain information from the applicant. The forms included in this packet solicit the required information. This information may be made available to authorized organizations or individuals.

**I have read the statement on privacy listed above. I hereby provide the required information and authorize the use of such information.**

**I hereby give permission to release any and all of the following information to the Stockbridge-Munsee Community or staff member for the purpose of the operation and reporting requirements of its Education programs:**

- Financial aid awards, application data, disbursements, and/or eligibility
- Billing statements, charges, credits, payments, and/or past due amounts
- GPA/transcripts, demographic, registration, student ID number, enrollment information, and/or academic progress status
- Access to student records maintained by the Registration Office
- Financial Office, including all of the above examples

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Stockbridge-Munsee Community  
Office of Accounting Services  
Account Payables

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS**

Customer Name \_\_\_\_\_  
*First* \_\_\_\_\_ *Last* \_\_\_\_\_ *MI* \_\_\_\_\_

\_\_\_\_\_ *Address* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

E-Mail Address (for electronic pay stub): \_\_\_\_\_

I hereby authorize Stockbridge-Munsee Community (SMC) and my bank to automatically make deposits into my account listed above (this includes my authorization to correct entries made in error.) This authorization will remain in effect until I give written notice to cancel it.

**Complete for DIRECT DEPOSIT**

Bank Account

Checking Savings **Circle Type of Account** **It's safe and secure.**

\* Account Number \_\_\_\_\_

\* No more lost or misplaced checks.

Bank Name \_\_\_\_\_

\* Your check's automatically deposited into your account

Bank Routing # \_\_\_\_\_

\* It eliminates a trip to the bank.

\*\* **For account verification, you must attach a voided check.**

*\* If your bank account number has changed, you must provide a voided check or bank specification sheet.*

*\*\*Banks are very strict with their routing number to avoid any issues, please attached requested documentation. The processing of this form will take at least two pay periods.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FOR ACCOUNTING SERVICES USE ONLY

\_\_\_\_\_  
Processed by

\_\_\_\_\_  
Date





# Stockbridge-Munsee Community

Jolene Bowman, Ph.D.  
Director of Education and Career Services  
Telephone: (715) 793-4060  
Fax: 715-253-2436

W12635 County Rd A  
Bowler Wisconsin  
54416

Welcome New Student:

Congratulations on making the decision to attend an institution of higher learning and on your acceptance at the school you have selected.

Now that you have decided to further your education, the Stockbridge-Munsee Education, Employment, and Training Department would like to pass along a few tips to help make your first year in college a successful one.

**Don't Procrastinate** – Plan ahead and be in control of your schedule. Procrastination will be one of your biggest obstacles to success in college. Set a study schedule and assignment deadlines for each week – and stick to them.

**Attend Class** – This may seem obvious, but one way to make your college life easier is to be in class. Announcements are made; material that is not in the book may be presented and pop quizzes might be given without notice that turn into extra points or missed points! In addition, you will learn just by being present and will gain a sense of what is important from the lecture that will be an important aid in studying out of class.

**Tutoring** – Take advantage of study resources on campus. Familiarize yourself where to go for additional help. If you are not sure, ask your college advisor or class instructor.

**Plan Accordingly** – Transportation, childcare and work schedules are all examples of issues that should be addressed before you start school.

**Take Responsibility** – For yourself and your actions. Don't point the finger at others for your mistakes. Being an adult means taking responsibility. If you make a mistake, think about what you can do to improve the next time and move on.

**Budget Your Money** – If you have never had to create a budget, now is the time to do so. Money is one of the greatest causes of stress. If you develop and stick to a budget, it is likely to reduce the uncertainty about your finances throughout the semester and be sure the essentials are covered.

We encourage you to read the Stockbridge-Munsee Education and Career Services Programs Handbook and check out our web page at:

<https://mohican.com/services/education-and-career-services/> If you have any questions, please don't hesitate to contact us at 715-793-4100.

Sincerely,

Stockbridge-Munsee Education and Career Services Staff