



CHEYENNE RIVER SIOUX TRIBE COLLEGE EDUCATION GRANT APPLICATION

APPLICANT NAME: (First) _____ (M.I.): ____ (Last): _____

***MAILING ADDRESS:** _____

PO Box/Street

City

State

Zip

TRIBAL ENROLLMENT #: _____ (Must complete) **DATE OF BIRTH:** _____

TELEPHONE NUMBER: _____ **EMAIL ADDRESS:** _____

DID YOU APPLY FOR THE HIGHER EDUCATION/CRST SCHOLARSHIP: YES OR NO

***If no, you must apply for the scholarship to qualify for this grant.*

Deadlines: Spring April 1st- Fall October 1st

The approval or denial of this grant application is not based upon your approval for the Higher Education/CRST scholarships.

NAME OF COLLEGE/UNIVERSITY CURRENTLY ATTENDING:

DEGREE PURSUING: (circle one) Vocational Associate Baccalaureate Masters Doctorate

COLLEGE MAJOR: _____ **EXPECTED GRADUATION DATE:** _____

ENROLLMENT STATUS: Full-time or Part-time (circle one)

ALL UNDERGRADUATES MUST BE ENROLLED IN AT LEAST 6 CREDIT HOURS

IS THIS YOUR FIRST REQUEST FOR THE CURRENT ACADEMIC YEAR: YES OR NO

Certification: I certify that the above information is true and correct to the best of my knowledge. I understand this grant is available to me ONCE per school year.

SIGNATURE

DATE

*All checks will be mailed to each student. All on-reservation addresses must use a P.O. Box #