



HIGHER EDUCATION APPLICATION

Oneida Tribe of Indians of WI
 HIGHER EDUCATION OFFICE
 P.O. BOX 365 • ONEIDA, WI 54155
 (920) 869-4033 • 1-800-236-2214 • FAX (920) 869-4039
 email: highered@oneidanation.org
 www.oneida-nsn.gov/highered

Academic School Year
 20____ – 20____

→ STUDENT SECTION - ALL INFORMATION REQUIRED

Applicant Name: (Last) _____ (First) _____ (MI) _____ (Maiden Name) _____

Social Security Number: _____ **Date of Birth:** (mm/dd/yy) _____ **Gender:** M F **Have either of your parents earned a college/univ. degree?** Yes No

Mailing Address: (if address changes, please contact us) _____ **City** _____ **State** _____ **Zip Code** _____

Telephone Home: () _____ **Cell:** () _____ **email Address:** (Required) _____

High School Attended: (Name, City, State) _____ **Type of Degree:** H.S. Diploma GED HSED **HS Graduation Date:** (mm/dd/yy) _____

College/University you will attend: (name, city, state, zip) _____ **College Academic Level:** Freshman Sophomore Junior Senior Graduate JD Doctorate MD **Semester/Term Starting:** Fall Winter Spring Summer

Expected Enrollment Status: 12+ credits 9-11 credits 6-8 credits 1-5 credits **Class Start Date:** (mm/dd/yy) _____ **Expected Grad. Date:** (mm/dd/yy) _____ **Intended Major or Program:** _____

Type of degree you will earn: Cert Tech-Diploma Associate Bachelors Masters JD PhD MD **List previous college/university attended and degrees obtained:** _____

→ STUDENT CONSENT AND RELEASE OF INFORMATION

- I certify that the information given by me on this form is true, correct and complete to the best of my knowledge.
- I authorize the sharing of information on this form between the Oneida Higher Education Office (OHE), the State and the college/university/school in order to complete my financial aid package.
- I authorize the school's financial aid office to provide the OHE with my financial need analysis.
- I authorize the college/university/school to disclose my educational records to the OHE office.

By signing below, I consent to the aforementioned:

Applicant Signature: _____ **Date:** _____

TO BE COMPLETED BY THE ONEIDA HIGHER EDUCATION (OHE)

The above named applicant is _____ degree Oneida and enrolled in the Oneida Tribe of Indians of Wisconsin.

Enrollment Number: _____ OHE certifying initials: _____ Date: _____