

COVID-19 Pandemic College Assistance Program Application



Program Eligibility:

- Must be an enrolled member of the Oneida Nation (Enrollment number is required).
- Must be 18 years and older as of August 12, 2020.
- Must be enrolled in a higher education institution (proof of acceptance and enrollment is required).
- Seeking education funds due to the Public Health Emergency which resulted in decreased student funding, or altered financial situations (medical expenses, loss of job, job reallocation, etc.).

Applicant Name:		Date of Birth: / /	
Phone Number:	Social Security #:		Enrollment #:
E-mail:			
Mailing Address: student's checks will be mailed directly to this address – please print clearly			
Street Address			
City		State	Zip Code
College Attending: (Include copy of acceptance letter and proof of enrollment):			

****Important Information****

- Due to the short time frame of this program, students are encouraged to submit their application online.
- **You may be subjected to being audited by the Oneida Nation and/or the Internal Revenue Service. It is advised to keep a copy of your documents and you must retain and submit receipts of your purchases/payments.**
- Duplicate applications will not be accepted. Students should ensure their original application lists all the required items.
- Incomplete applications (missing paperwork, incomplete application) will be returned to students. Updated applications must be received prior to deadline (October 16th) for application to be considered.
- We strongly encourage you to work with your school's financial aid office to discuss any potential effects the receipt of these funds may have on your current or future financial aid.
- Federal funds allocated to students through the COVID-19 Pandemic College Assistance Program are a general welfare exemption and not subject to taxation if used for the intended purposes.
- Please be aware that checks not cashed by November 30, 2020, will be considered null and void and will not be reissued after this date.
- Students attending an institution not accredited by an accrediting body approved by the U.S. Department of Education may be asked to provide proof of state-approved accreditation, or professional affiliation.

I attest/swear that I have educational needs, and the Public Health Emergency has impacted me in one of the following way(s): (Check all that apply)

	Educational funding changes (ie: decrease in anticipated grants, scholarships, loans, etc)
	Unemployment (either for student or student’s family)
	Underemployment/Job Instability – due to Public Health Emergency
	Other: _____

Funding Request Worksheet:

Funding requests should correlate to the educational needs of the student.

	Amount Requesting	Documentation:
Tuition Assistance (Tuition will be sent directly to the school)	\$	Required: Tuition statement/invoice from school student is accepted and enrolled.
Books and Supplies Assistance	\$	Documentation does not need to be included in this request; however, students will be expected to submit receipts showing the funds were used accordingly. It is recommended students keep all receipts for the corresponding purchases. Although not required at this time, receipts must be submitted by December 15 th .
Room and Board Assistance (Rent/Mortgage and Meal Plan/Food)	\$	
Other (Personal, Transportation, Misc):		
- Childcare	\$	
- Telecommunication Costs	\$	
- Transportation	\$	
- _____	\$	
- _____	\$	
- _____	\$	
- _____	\$	

Tuition will be sent directly to the school

Please List contact information:

School/Organization Name	
Attention: (if applicable)	
Address	
City, State, Zip	

Payments made to the student will be mailed directly to the student. Please verify your address is correct on the first page of this application.

Initial confirming your application includes the following:

	Copy/Proof of Acceptance to Higher Education Institution
	Copy/Proof of Enrollment (enrollment certificate or course schedule at Higher Education Institution)
	Completed Funding Request Worksheet (Page 2 of Application)
	Application is signed and dated (Page 3 of Application)

By signing this form either manually or electronically I agree that all the above statements and attestations are true and accurate.

Applicant Signature: _____ Date: _____

Mail to:

COVID-19 Pandemic Education Assistance Program
PO Box 365
Oneida, WI 54155

Drop Off at:

Oneida Higher Education Drop Box (Please clearly indicate for COVID-19 Pandemic Education Assistance Program)
3759 W Mason St. Suite 3 Drop Box (left of door)
Oneida, WI 54155

Email to:

C19_Edu_Program@Oneidanation.org

****Any applications received after business close on October 16th will be not be accepted.****