



HIGHER EDUCATION APPLICATION

Oneida Nation
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/education/highereducation

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 Nation.

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