

 <p><b>STUDENT RELIEF FUND APPLICATION</b></p>	<p>Oneida Nation HIGHER EDUCATION OFFICE P.O. BOX 365 • ONEIDA, WI 54155 (920) 869-4033 • 1-800-236-2214 • FAX (920) 869-4039 email: <a href="mailto:highered@oneidanation.org">highered@oneidanation.org</a> <a href="http://www.oneida-nsn.gov/education/highereducation">www.oneida-nsn.gov/education/highereducation</a></p>	<p>Academic School Year</p> <p>20____ - 20____</p>
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**→ STUDENT SECTION - ALL INFORMATION REQUIRED**

<b>Applicant Name:</b> (Last) _____ (First) _____ (MI) _____	Currently Employed <input type="checkbox"/> Current Oneida Nation Employee <input type="checkbox"/>
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<b>Social Security Number:</b> _____	<b>Date of Birth:</b> (mm/dd/yy) _____	<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Applying for:</b> 1. Suspended Student <input type="checkbox"/> 2. Equal or Lesser Degree <input type="checkbox"/> 3. Other Training <input type="checkbox"/>
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<b>Mailing Address:</b> (if address changes, please contact us) _____	<b>City</b> _____	<b>State</b> _____	<b>Zip Code</b> _____
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<b>Telephone Home:</b> (        ) _____ <b>Cell:</b> (        ) _____	<b>email Address:</b> (Required) _____
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<b>High School Attended:</b> (Name, City, State) _____	<b>Type of Degree:</b> <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> GED <input type="checkbox"/> HSED	<b>HS Graduation Date:</b> (mm/dd/yy) _____
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<b>College/University/Training Center you will attend:</b> (name, city, state, zip) _____  <b>Type of Training:</b> _____	<b>College Academic Level:</b> <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> JD <input type="checkbox"/> Doctorate <input type="checkbox"/> MD <input type="checkbox"/> Not Applicable	<b>Semester/Term Starting:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer
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<b>Expected Enrollment Status:</b> <input type="checkbox"/> 12+ credits <input type="checkbox"/> 9-11 credits <input type="checkbox"/> 6-8 credits <input type="checkbox"/> 1-5 credits	<b>Class/Workshop/Seminar Start Date:</b> (mm/dd/yy) _____	<b>Expected Grad. Date:</b> (mm/dd/yy) _____	<b>Intended Major or Program:</b> _____  <b>Credentials Earned</b> _____
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<b>Type of degree you will earn:</b> <input type="checkbox"/> Cert <input type="checkbox"/> Tech-Diploma <input type="checkbox"/> Associate <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> MD <input type="checkbox"/> Not Applicable	<b>List previous college/university attended and degrees obtained:</b> _____
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**→ 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/program/sponsor 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.  
 • I authorize my Oneida Nation Department to identify if current training dollars are available for funding my education request.

By signing below, I consent to the aforementioned:

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO BE COMPLETED BY THE ONEIDA HIGHER EDUCATION (OHE) DEPARTMENT**

The above named applicant is \_\_\_\_\_ degree Oneida and enrolled in the Oneida Nation.

Enrollment Number: \_\_\_\_\_ OHE certifying initials: \_\_\_\_\_ Date: \_\_\_\_\_