

 <p>COLLEGE COMEBACK PROGRAM APPLICATION</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: highered@oneidation.org www.oneida-nsn.gov/education/highereducation</p>	<p>Academic School Year</p> <p>20____ – 20____</p>
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→ STUDENT SECTION - ALL INFORMATION REQUIRED

Applicant Name:	(Last)	(First)		(MI)
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Social Security Number:	Date of Birth: (mm/dd/yy)	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Check All That Apply:
			1. Suspended – OHE Scholarship <input type="checkbox"/>
			2. Suspended – Federal Aid <input type="checkbox"/>
			3. Suspended – Both <input type="checkbox"/>

Mailing Address: (if address changes, please contact us)	City	State	Zip Code
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Telephone Home: ()	email Address: (Required)
Cell: ()	

High School Attended: (Name, City, State)	Type of Degree:	HS Graduation Date:
	<input type="checkbox"/> H.S. Diploma <input type="checkbox"/> GED <input type="checkbox"/> HSED	(mm/dd/yy)

College/University/Training Center you will attend: (name, city, state, zip)	College Academic Level:	Semester/Term Starting:
Type of Training:	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior	<input type="checkbox"/> Fall
	<input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> JD	<input type="checkbox"/> Winter
	<input type="checkbox"/> Doctorate <input type="checkbox"/> MD <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Spring
		<input type="checkbox"/> Summer

Expected Enrollment Status:	Class/Workshop/Seminar Start Date:	Expected Grad. Date:	Intended Major or Program:
<input type="checkbox"/> 12+ credits <input type="checkbox"/> 9-11 credits	(mm/dd/yy)	(mm/dd/yy)	
<input type="checkbox"/> 6-8 credits <input type="checkbox"/> 1-5 credits			Credentials Earned

Type of degree you will earn:	List previous college/university attended and degrees obtained:
<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	

→ 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: _____