



**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@oneidation.org](mailto:highered@oneidation.org)  
[www.oneida-nsn.gov/education/highereducation](http://www.oneida-nsn.gov/education/highereducation)

Academic  
School Year  
20\_\_\_\_ - 20\_\_\_\_

**→ STUDENT SECTION - ALL INFORMATION REQUIRED**

<b>Applicant Name:</b> (Last)	(First)	(MI)	(Maiden Name)	<b>Student ID#</b>
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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>Have either of your parents earned a college/univ. degree?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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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>email Address:</b> (Required)
<b>Cell:</b> ( )	

<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 you will attend:</b> (name, city, state, zip)	<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	<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 Start Date:</b> (mm/dd/yy)	<b>Expected Grad. Date:</b> (mm/dd/yy)	<b>Intended Major or Program:</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"/> JD <input type="checkbox"/> PhD <input type="checkbox"/> MD	<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 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: \_\_\_\_\_