*Incomplete applications will not be processed!

* The scholarship program is established for the further educational advancement of aspiring Native American students with priority given to those of Sioux heritage.

* Scholarships are only offered to **Sophomore, Junior and Seniors**. You must have 24 credit hours or more to qualify for the scholarship.

* Scholarships are open to accredited post-high school training (four year, two year, and Vocational intuitions).

* Scholarships are for any approved course of study.

* Dakota Indian Foundation Scholarships will be limited to **$1,000.00 per semester**.

* Dakota Indian Foundation only funds Fall & Spring semesters. **Summer semester is not funded!**

* The Dakota Indian Foundation shall determine the number and amount of available scholarships.

* Recipients will be expected to find suitable employment for personal expenses.

**REQUIREMENTS**

* Applicant must be or have been graduated from an accredited high school, have a GED, or have post high school training credit.

* Student applicant **must take 12 or more credit hours per semester, and complete the 12 or more credits hours with a minimum of 2.0 GPA per semester that is funded by Dakota Indian Foundation**.

* Students are required to complete a scholarship application, submit an official academic college transcript, a copy of your tribal registration, a current photograph of yourself, and a recommendation from your counselor or an advisor, as well as a personal statement.

* Applicants may mail the applications or fax to (605) 234-5858. If applications are faxed, please send the original in the mail. Mail to PO Box 340, Chamberlain, SD 57325-0340.

* Applicants need to check with Dakota Indian Foundation to see if all material needed for processing the application has been received by the deadline dates listed on the following pages.
APPLICATION PROCESS

* Each student applying for the scholarship will complete the application form. All information on the form will be considered confidential.

* The application form will consist of information dealing with the student's academic record in addition to financial information of the student and parents (if applicable). Each student will also be required to list any financial assistance already received for their education.

* Application deadlines are: **August 1st for the Fall term/semester and January 15th for the Spring term/semester.**

SELECTION PROCESS

* Eligible applications will be reviewed by the Foundation Board of Trustees. Scholarship awards will be based on recommendations, demonstrated academic achievement, ability to complete selected programs, priority of selected programs, and availability of scholarship funding.

* All applicants will be notified by mail as to the outcome of their applications.

* Return Scholarship applications to:
  Dakota Indian Foundation
  PO Box 340
  209 N Main St
  Chamberlain SD 57325-0340
  (605)234-5472  Fax: (605)234-5858

* If faxed Dakota Indian Foundation still requires the hard copy of the application and materials.

* **It is strongly suggested that the scholarship applicant contact his or her school and check if transcripts have been set as well as checking with Dakota Indian Foundation prior to the deadline dates to see if all required material has been received.**

* **An official college transcript will arrive at Dakota Indian Foundation in a sealed envelope from the University or College!!**
DAKOTA INDIAN FOUNDATION SCHOLARSHIP APPLICATION
(All information on this form is and will remain confidential)

PERSONAL INFORMATION

Name ___________________ Age ______ Date ______

Home Address ___________________ City ______ State ______ Zip ______

Telephone Number ___________________ Social Security Number ______

Parent’s Name ___________________ Telephone Number ______

Address ___________________ City ______ State ______ Zip ______

****SEND A COPY OF YOUR TRIBAL REGISTRATION WITH APPLICATION****

Name of Agency ___________________

Address ___________________ City ______ State ______ Zip ______

**PLEASE ATTACH A CURRENT PHOTOGRAPH OF YOURSELF**

I authorize the Dakota Indian Foundation to use my photo in any campaign or literature.

Signature: _______________________

SCHOOL INFORMATION

Class (Please circle one) -Sophomore- -Junior- -Senior-
(The applicant must have at least 24 credits or above to qualify for the Scholarship)

Educational institution you are presently attending _______________________
(This information is where the check will be issued upon approval from the Dakota Indian Foundation Board of Trustees)

School Address: _________________________ City ______ State ______ Zip ______

Current field of study _________________________

GPA: _______ Date of graduation _______

Have you received the Dakota Indian Foundation Scholarship before? YES ______ NO ______

****PLEASE SEND OR ATTACH AN OFFICIAL COLLEGE TRANSCRIPT! APPLICATIONS WILL NOT BE PROCESSED WITHOUT THIS INFORMATION****
FINANCIAL INFORMATION

Indicate any financial resources that you now have available for your educational expenses. Include all types of financial aid, your own money, parental help, grants and other sources (names and amount).

PERSONAL STATEMENT

Please provide a personal statement elaborating on your qualifications for a scholarship educational interest, career plans, extracurricular activities, need for financial assistance, and any other information which you feel might be relevant. (Use additional sheets if necessary).

Please return directly to:
Dakota Indian Foundation
PO Box 340
209 N Main St
Chamberlain, SD 57325-0340
DAKOTA INDIAN FOUNDATION

ACADEMIC SCHOLARSHIP RECOMMENDATION

(THIS SPECIFIC FORM IS TO BE COMPLETED BY YOUR COUNSELOR OR COLLEGE ADVISOR/FINANCIAL AIDS OFFICER)

Name of Applicant ________________________________

Your knowledge of this student will substantially assist the scholarship committee in considering the applicant’s qualifications for receiving a scholarship.

Please list the following information:

Grade Point Average ____________________________ Class Rank: Freshman  Sophomore  Senior

How long have you known the student? ____________________________

Please estimate this student’s potential for academic success use additional sheets if necessary ____________________________

Additional information:

________________________________________________________________________________________________________________________________________________________

Date ____________________________ Signed ____________________________

Title ____________________________

Address ____________________________

Please return directly to:
DAKOTA INDIAN FOUNDATION SCHOLARSHIP COMMITTEE
PO BOX 340
CHAMBERLAIN SD  57325
Financial Aid Need Analysis

Dakota Indian Foundation
PO Box 340
Chamberlain SD 57325-0340
605-234-5472 or Fax 605-234-5858

Name: ____________________________

Address: ____________________________

Street/PO Box #_________ City_________ State_________ Zip Code_________

School Year: ____________ Credit Hours completed: ____________ Phone: ____________

***TO BE COMPLETED BY THE FINANCIAL AID ADMINISTRATOR***

The above named student has applied for a Dakota Indian Foundation Scholarship. Verified financial need information is needed by your office before we can take action on this application. Please complete and forward this form to the above address. Your assistance is greatly appreciated. Thank you!

Budget Period From: ____________ To: ____________ Beginning on: ____________

Resources: ____________________________ Costs: ____________________________

Parental Contribution ____________ PELL ____________ Tuition ____________
Student Contribution ____________ CWS ____________ Fees ____________
Spouse Contribution ____________ NDSL ____________ Books ____________
VA Benefits ____________ SEOG ____________ Room ____________
SS Benefits ____________ Stafford ____________ Board ____________
TANF ____________ Perkins ____________ Travel ____________
Loans: ____________ Voc Rehab: ____________ Misc ____________
Other ____________

Total Resources: ____________________________ Total Cost ____________________________

This applicant is not eligible for PELL due to ____________________________

Unmet Need: $______________________

Name of Institution: ____________________________

Address: ____________________________

Signature Financial Aid Officer ____________________________ Date ____________ Phone ____________