

**MINNESOTA INDIAN SCHOLARSHIP PROGRAM (MISP)  
APPLICATION INSTRUCTIONS**

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Read the following sections that pertain to your status and fill out the application **completely** and clearly. Return the application to:

Minnesota Indian Scholarship Program  
Minnesota Office of Higher Education  
1450 Energy Park Drive, Suite 350  
St. Paul, MN 55108-5227

**ALL STUDENTS**

- **PRIORITY DEADLINE IS JULY 1<sup>ST</sup>**, In order to be considered for PRIORITY funding you must:
  1. File your FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) at [www.fafsa.ed.gov](http://www.fafsa.ed.gov).
  2. Complete Minnesota Indian Scholarship Program (MISP) Application.
  3. **SUBMIT COPY OF COMPLETED MISP APPLICATION TO YOUR COLLEGE, INCLUDING THE FINANCIAL AID OFFICE.**
  4. If applying for tribal scholarship, submit copy of completed MISP Application to Tribal Scholarship Office.
  5. Submit original MISP application to the MISP address listed above.
- In order to be considered complete once received at the MISP office, your application must include the following:
  - The name of the school you are attending and the terms you will be attending.
  - A complete mailing address to ensure that we can correspond with you.
    - We make every attempt to contact you in regards to your application status via U.S. Mail, or electronic mail, but if it is returned with no forwarding address, a copy is sent to your postsecondary institution and will remain as the only notification.
    - It is **YOUR** responsibility to contact us if you have a change of address or other information.
  - If you are attending a college that has more than one campus, please indicate the campus location that you will be attending.
    - If you are unsure, contact the college for verification.
  - A completed Budget Sheet completed by the financial aid office at your college.
  - Any documentation that is required to accompany your application
  - **SIGN AND DATE** the application and return it to our office.
    - If you return it to the school, please ask them to forward the MISP application to the MISP office.
- Awards are determined on a “first completed—first served” basis.
- We RECOMMEND that you apply to your TRIBAL SCHOLARSHIP OFFICE as soon as possible.
- If you return this application to your tribal scholarship office, ask them to forward the application to MISP.
- We RECOMMEND that you contact your college FINANCIAL AID OFFICE during the summer to ensure that you have all documents on file that you will need.
  - If there is paperwork that needs to be done BEFORE you start school and you find out AFTER you start, your funding through this program may be delayed or denied due to lack of funds.
- If you plan on registering on the FIRST day of class, your MISP award may be delayed because your college may have to recalculate your budget.
- Students must register for  $\frac{3}{4}$  time or more to be MISP eligible.
  - **APPLICATIONS ARE NOT CONSIDERED FOR STUDENTS REGISTERED FOR LESS THAN  $\frac{3}{4}$  TIME.**

**NEW APPLICANTS**

Definition: If you are a student who has **NEVER** applied for a Minnesota Indian Scholarship, you are a NEW APPLICANT.

1. Indicate the type of application as NEW.
2. Fill out this form completely.
3. Documentation of  $\frac{1}{4}$  Indian Ancestry showing blood quantum must accompany the application.
  - If we require additional information, we will contact you via U.S. mail and/or your submitted electronic mail address.
  - It is **YOUR** responsibility to get **ALL** requested information to us as soon as you can, as delays may result in lack of funding.
4. If you are a GED recipient, be sure to include a copy of your GED.
5. Sign and date application.

**RETURNING STUDENTS**

Definition: If you are a student who has already applied for a Minnesota Indian Scholarship, you are considered a RENEWAL APPLICANT. No documentation of Indian Ancestry is required if it was submitted with your previous application.

1. Indicate the type of application as RENEWAL.
2. Fill out this form completely each year.
3. Sign and date the application.

**QUESTIONS and/or CONCERNS**

- If you need assistance in filling out this application or have any questions, please contact us at:  
Telephone Number 1-800-657-3866 or (651) 642-0567 Option 1.
- You can also submit email inquiries to [sandy.bowes@state.mn.us](mailto:sandy.bowes@state.mn.us).  
Be sure to specify your inquiry is related to the Minnesota Indian Scholarship Program.

**MINNESOTA INDIAN  
SCHOLARSHIP PROGRAM  
APPLICATION**

**GENERAL INFORMATION AND INSTRUCTIONS:** Please print or type this application to be considered for the Minnesota Indian Scholarship Program (MISP) and return it to the MN Indian Scholarship Program at the above address.  
**NOTE ON DEADLINES:** Application and FAFSA must be completed by **July 1st** of the year you plan on attending school. If you apply after this date or complete your FAFSA after this date, you will be considered for funding based on availability of funds.

**Please complete steps #1-4:**

1. Submit a Free Application for Federal Student Aid (FAFSA)
2. Complete MISP Application (must be completely filled out)
3. Submit copy of **completed** MISP Application to college, including financial aid office
4. Submit copy of **completed** MISP Application to Tribal Scholarship Office (if applying for tribal scholarship)
5. Submit **original** MISP application to the MISP address listed above

**TYPE OF APPLICATION**

- New (never applied)  
 Renewal (applied to program before)

**TERMS OF ATTENDANCE**

- SSII (Starts after July 1)  
 Fall  
 Winter  
 Spring  
 SSI (Starts before June 30)

School Year:      20                      20

**STUDENT INFORMATION - ALL INFORMATION REQUIRED FOR COMPLETION**

Name (Last, First, Middle)			Social Security Number		
Please list <b>ALL</b> names, including maiden name, that you have used			Date of Birth		
Mailing Address			E-Mail Address		
City	State	Zip Code	Telephone Number ( ) -		
Permanent Address (if different from mailing address)		City	State	Zip Code	
College and campus site attending					
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other (Divorced, Separated etc.)			
Degree seeking <input type="checkbox"/> Certificate/Diploma <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Graduate/Master's <input type="checkbox"/> Doctorate or Professional		Major/Program		Expected Graduation (month/year)	
High School (Name, City, State)		Year of Graduation	Year of GED (If not HS Graduate)		

Tribal Affiliation (check one):  
 Enrolled in Tribe     Combination    **Note: All new applicants must attach documentation from all tribe/s verifying ¼ or more Indian blood. If combination, must provide documentation showing percentage from each tribe.**

Please list all tribes with which you are affiliated (If Minnesota Chippewa Tribe, indicate band):

Tribes and Band (if applicable):	Tribal Address (include city, state, zip):
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**APPLICANT PERMISSION FOR RELEASE OF INFORMATION**

**ALL APPLICANTS:** I hereby give permission to the postsecondary institution to share all information pertaining to my financial aid application and/or academic record with the MISP. I also do hereby give permission to the MISP to obtain information for all funding sources relating to this application and for verifying my degree of Indian ancestry. I will be contacted by this office if a request for my name, address or educational status is received. I understand that all information given by me on this application is confidential and only MISP staff will use it to process my application. I declare that all of the information on this application is true, correct and complete to the best of my knowledge and if I receive assistance, I will use it for education purposes only as determined by my school for completion of my degree. I understand that I must be eligible for a Federal Pell Grant or Minnesota State Grant and attending ¾ time or more to be eligible for MISP. I have read and understand the paragraph and accept the terms.

_____	_____
Applicant Signature	Date

MN Indian Scholarship Program MN Office of Higher Education 1450 Energy Park Dr., Suite 350 St. Paul, MN 55108 (800) 657-3866 or (651) 642-0567	<b>MINNESOTA INDIAN SCHOLARSHIP PROGRAM          (MISP)          BUDGET SHEET          (For Financial Aid Office Only)</b>	Page 3
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IDENTIFICATION INFORMATION		
Student Name	Social Security Number	Does student meet MN State Grant residency requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No
Institution Name	Federal School Code	City, State

FINANCIAL AID OFFICE VERIFICATION OF INFORMATION			
School Official (please print)	Signature	Date	Telephone Number ( ) -
ISIR date this budget/EFC is based on:		Check here if Budget Sheet sent to Tribal Scholarship Office: <input type="checkbox"/>	
Type of Budget:	<input type="checkbox"/> First Budget <input type="checkbox"/> Revision	<input type="checkbox"/> Revision, Summer Add On <input type="checkbox"/> Summer Only	Revisions: <input type="checkbox"/> 2 <sup>nd</sup> Revision Date: <input type="checkbox"/> 1st Revision Date: <input type="checkbox"/> 3 <sup>rd</sup> Revision Date:
Student Will be Attending <input type="checkbox"/> Full Time <input type="checkbox"/> 3/4 Time <input type="checkbox"/> 1/2 Time (1/2 time students are not eligible)	Current Student Status: <input type="checkbox"/> Eligible <input type="checkbox"/> Academic Suspension <input type="checkbox"/> Withdrawal <input type="checkbox"/> In Default on Federal Loan <input type="checkbox"/> Other:	Current degree student is seeking: <input type="checkbox"/> Certificate/Diploma <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Graduate/Master's <input type="checkbox"/> Doctorate or Professional	
Budget Period:	From:	To:	Total Cost of Attendance for This Budget Period: \$
Resources:	Parent Contribution: \$	Student Contribution: \$	Total Resources (EFC): \$
<b>IMPORTANT:</b>	Please list any grants, scholarships, and institutional aid the student is receiving. Please do not list federal or private loans. <b>Start Date</b> will determine MISP disbursement date. Enrollment level used to determine if student is eligible each term.		

TERMS	SSII	FALL	WINTER	SPRING	SSI	TOTAL
<b>Start Date (for disbursement)</b>						
<b>Enrollment Level (FT, 3QT, HT)</b>						
<b>Assessed Need (COA – EFC)</b>	\$	\$	\$	\$	\$	\$
FEDERAL/ STATE/ COLLEGE GIFT AID <b>DO NOT            INCLUDE LOANS</b>	PELL	\$	\$	\$	\$	\$
	SEOG	\$	\$	\$	\$	\$
	MN ST GT	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
<b>BALANCE</b>	\$	\$	\$	\$	\$	\$

TRIBAL AND MISP FUNDING (FOR MISP OFFICE ONLY)						
TERMS	SSII	FALL	WINTER	SPRING	SSI	TOTAL
<b>DATE</b>						
<b>TRIBE</b>	\$	\$	\$	\$	\$	\$
<b>MISP</b>	\$	\$	\$	\$	\$	\$
Comments:						

VERIFICATION OF AWARDED FUNDING			
Awarded by: _____ w/ _____	Signature – Authorized MISP Staff	Signature – Tribal Scholarship Officer	Date

STAMP DATE INFORMATION	
Date Application with incomplete budget received at MISP:	
Date budget sheet sent to PSI:	
Date received at PSI:	Date this completed budget received at MISP: