



GIKENDAASOWIN
LAC DU FLAMBEAU TRIBAL EDUCATION DEPARTMENT
562 Peace Pipe Road, P.O. Box 67, Lac du Flambeau, WI 54538
Phone: (715) 588-7925 Fax: (715) 588-9063
E-mail: ldfedu@ldftribe.com

HIGHER EDUCATION APPLICATION
ACADEMIC YEAR 2024-2025

The Lac du Flambeau Tribal Education Department is committed to supporting your educational and professional goals. Enrolled Lac du Flambeau tribal members pursuing an undergraduate, graduate or doctoral degree program at an accredited institution of higher education are eligible to receive tribal grant funding from the Education Department. Funding is awarded directly to the student's college on the student's behalf.

To be eligible for funding, a student is required to meet the following criteria:

- ✓ Be an enrolled Lac du Flambeau tribal member
- ✓ Be a high school, GED or HSED graduate
- ✓ Be attending an accredited institution of higher education
- ✓ Have a complete application on file by the deadline each semester.

Student Responsibilities

- ✓ It is the responsibility of the student to obtain and complete the application and submit all required documentation by the deadline each semester.
- ✓ New applications are required each academic year; documentation is required EACH semester.
- ✓ Students are required to maintain a 2.0 GPA or higher each semester tribal grant funding is received.
- ✓ Students are required to successfully complete classes for which tribal grant funding is received.

Tribal Grant Funding Semesters/Terms

The Education Department awards tribal grant funding based on standard academic Fall and Spring semesters.

- ✓ The standard Fall semester operates from August through December.
- ✓ The standard Spring semester operates from January through May.

Students attending institutions that do not operate by standard academic semesters are required to submit a schedule and previous grades for each term. Funding is determined based on the number of credits a student is enrolled in within the Department's standard academic semesters of funding.

TRIBAL GRANT FUNDING AMOUNTS			
<u>Undergraduate</u>		<u>Graduate</u>	
Credits Per Semester:	Amount Per Semester:	Credits Per Semester:	Amount Per Semester:
1-5	Up to \$643.00	1-5	\$2,000.00
6-8	\$1,125.00	6+	\$4,000.00
9-10	\$1,688.00		
11+	\$2,250.00		

DEADLINES			
The deadline to have a COMPLETE application on file each semester is as follows:			
Semester:	Fall 2024	Spring 2025	Summer 2025
Deadline Date:	October 1, 2024	February 28, 2025	July 1, 2025
NOTE: SUMMER TRIBAL GRANT FUNDING IS CONTINGENT UPON AVAILABLE FUNDING AND IS NOT GUARANTEED TO BE AVAILABLE.			
Students with incomplete files after the semester deadline will be ineligible for funding for the semester.			
FUNDING IS AWARDED ON A FIRST COME, FIRST SERVED BASIS IN THE ORDER STUDENTS SUBMIT A COMPLETE APPLICATION. COMPLETE YOUR FILE AS SOON AS POSSIBLE.			

EDUCATION DEPARTMENT CONTACTS			
All documentation may be scanned and emailed, faxed, mailed or submitted in person.			
Education Department	P.O. Box 67 Lac du Flambeau, WI 54538	P: (715) 588-7925 F: (715) 588-9063	ldfedu@ldftribe.com
Mr. Terry Poitra	Higher Education Transition Coordinator	P: (715) 588-4389 F: (715) 588-9063	tpoitra@ldftribe.com
Ms. LeAnn M. White	Vocational/Higher Education Transition Coordinator	P: (715) 588-4391 F: (715) 588-9063	lwhite@ldftribe.com

FUNDING TERM LIMITS	
All semester/term limits below are based on full-time funding. Part-time funding will be prorated to count toward full-time terms.	
Undergraduate (Certificates, Technical Diplomas, Associate Degrees, Bachelor's Degrees, etc.)	10 Full-time Terms (Total)
Master's Degrees	6 Full-time Terms (Total)
Doctoral/Professional Degrees	8 Full-time Terms (Total)

Checklist

A complete Higher Education Application consists of the following documentation:

_____ **Letter of Acceptance or Admission** from the school you are attending

Students are required to submit a Letter of Acceptance or Admission for each school they attend. A Letter of Acceptance or Admission is required one time for each school.

_____ Copy of your **high school, GED or HSED diploma or transcript**

Students are required to submit a copy of their high school, GED or HSED diploma or transcript one time.

_____ **Higher Education Grant Application**

This form is included in the application packet and is required once per each academic year.

_____ **Student Acknowledgement and Agreement**

This form is included in the application packet and is required once per each academic year.

_____ **Student Release of Information Form**

This form is included in the application packet and is required once per each academic year.

_____ Documentation verifying that you have applied for at least one **scholarship** in addition to tribal grant funding

This documentation is required once per each academic year.

_____ **Student Education Plan** signed by an academic advisor

This form is included in the application packet. This form is required each semester/term for undergraduate students. Graduate and doctoral students are not required to complete Student Education Plans.

_____ **Class Schedule**

The class schedule must include the student's name, the semester/term and the number of credits the student is enrolled in. A class schedule is required each semester/term.

_____ **Semester grades**, including the semester GPA

Grades must include the student's name, the semester/term and the student's semester GPA. Grades are required for each semester/term

_____ **Student Aid Report (SAR)** from the FAFSA

Students are required to apply for financial aid through the Free Application for Federal Student Aid (FAFSA). Students can complete the application online at <https://studentaid.gov/> or contact the Education Department to schedule a FAFSA appointment. File your FAFSA as soon as possible. The SAR is required once per each academic year.

_____ **Financial Aid Award Letter**

This document indicates the amounts the student has accepted in grants, scholarships, loans, work-study, etc. It is typically accessible through the student's school account once it is available from the college. The Financial Aid Award Letter is required once per each academic year.

_____ **Wisconsin Indian Student Assistance Grant**

This form is required only for students attending a school based in the state of Wisconsin. This form is required once per each academic year for applicable students.



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HIGHER EDUCATION GRANT APPLICATION **Academic Year: Fall 2024 - Summer 2025**

Last 4 SSN Number: XXX – XX –	Last Name:	First Name:	MI:	Maiden:
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Mailing Address:	City:	State:	Zip Code:
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Phone Number: Mobile: _____ Home: _____ Other: _____	E-mail Address: STUDENTS WILL BE CONTACTED REGARDING THE STATUS OF THEIR APPLICATION THROUGH THE E-MAIL ADDRESS PROVIDED ABOVE. PLEASE BE SURE TO REGULARLY CHECK YOUR E-MAIL.	Date of Birth: ____/____/____ Female <input type="checkbox"/> Male <input type="checkbox"/>
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Type of Diploma (circle one): Diploma GED HSED	Name, City, and State of School:	Graduation Year:	Type of HS (circle one): Public Private BIA Tribal
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Student Standing: <input type="checkbox"/> New <input type="checkbox"/> Continuing <input type="checkbox"/> Re-Entry	Academic Standing: <input type="checkbox"/> Freshman <input type="checkbox"/> Senior <input type="checkbox"/> Sophomore <input type="checkbox"/> Graduate <input type="checkbox"/> Junior <input type="checkbox"/> PhD, MD, JD, etc.	Credit Load: <input type="checkbox"/> 1-5 credits <input type="checkbox"/> 6-8 credits <input type="checkbox"/> 9-11 credits <input type="checkbox"/> 12 + credits	Semester(s) Attending: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer
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Name and Address of College/University you are Attending:	Start Date for Classes:	Anticipated Graduation Date:
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Major/Area of Study:	List Previous Colleges Attended:	Have you received funding through the Lac du Flambeau Education Department before? <input type="checkbox"/> Yes <input type="checkbox"/> No
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For Enrollment Certification Purposes

Father's Name:	Tribe/Reservation:
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Mother's Maiden Name:	Tribe/Reservation:
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IMPORTANT-PLEASE READ CAREFULLY

Student Statement of Certification

I declare that the information given by me on this form is true, correct and complete to the best of my knowledge, and that if granted assistance I will use it only for educational expenses and purposes. I agree that this information may be shared between the Bureau of Indian Affairs, Tribe, State and the Institution(s) I am attending. I further agree that I will contact the Financial Aid Office of the institution I have selected and will apply for financial aid available to me. I request that the Financial Aid Office notify the BIA, State and Tribe of my financial need and I authorize any school I am attending to release a copy of my transcript to the BIA, State and Tribe at the end of each academic period.

Student Signature	Date	Tribal ID Number
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To Be Completed by Tribal Certifying Official

I hereby certify that the above named applicant is an enrolled Lac du Flambeau Band of Lake Superior Chippewa Indians tribal member and is _____ degree of Indian blood according to available records.

Certifying Official Signature	Date
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STUDENT ACKNOWLEDGEMENT AND AGREEMENT

ACADEMIC YEAR 2024-2025

Please initial each statement. By initialing, you are agreeing to the terms of the statement and acknowledging your responsibility to abide by the terms of the agreement.

_____ I understand that I am responsible for meeting the Lac du Flambeau Tribal Education Department’s academic progress requirements. I understand that I am required to maintain a 2.0 GPA or higher each semester/term I receive tribal grant funding and that I am required to successfully complete all classes for which I receive tribal grant funding.

_____ Should I not meet the academic progress requirements, I understand that I risk academic probation and suspension from tribal grant funding from the Education Department.

_____ I understand that it is my responsibility to inform the Lac du Flambeau Tribal Education Department of all schedule changes within 10 business days of the course withdrawal, add or drop.

_____ I agree to submit my official grades or transcripts to the Lac du Flambeau Tribal Education Department at the end of each academic semester/term for which I receive tribal grant funding.

_____ I agree to take full responsibility for my academic achievements and progress.

_____ I understand that tribal grant funding from the Education Department is supplemental and that costs not covered by tribal grant funding are my responsibility.

_____ I understand that I am responsible for obtaining all required application materials from the Education Department and submitting a complete application by the deadline each semester.

_____ I acknowledge that I have been made aware that the Education Department Handbook is available at the Lac du Flambeau Tribal Education Department and may be e-mailed, faxed or mailed upon request.

I understand that by signing below, I am agreeing to all terms, policies and conditions of the Education Department Handbook as administered by the Lac du Flambeau Tribe and Tribal Education Department.

Student Name

Date

Signature

XXX – XX –

Last 4 SSN Number



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**STUDENT RELEASE OF INFORMATION FORM
(FERPA RELEASE)**

ACADEMIC YEAR 2024-2025

The Family Education Rights and Privacy Act (FERPA) is a federal law restricting access to a student's educational records. At the college level, a student must authorize others to have access to their educational information beyond "directory" information (name, address, phone, etc.).

In order to effectively administer tribal grant funding in line with Department policies and procedures, the Education Department is required to communicate with, and obtain information from, a student's Financial Aid Office. By signing this form, you are allowing the Education Department to have access to your student records, as needed, for funding purposes.

I authorize the Lac du Flambeau Tribal Education Department to release, disclose, obtain from, and/or exchange information and documents pertaining to (check all that apply):

- Financial Aid Information
- All Records
- Other: _____

The following institution is authorized to release the above information to the Lac du Flambeau Tribal Education Department:

Name of School

Student Name Date

Student Signature Student ID Number



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**STUDENT RELEASE OF INFORMATION FORM
 (FERPA RELEASE)**

ACADEMIC YEAR 2024-2025

The Family Education Rights and Privacy Act (FERPA) is a federal law restricting access to a student’s educational records. At the college level, a student must authorize others to have access to their educational information beyond “directory” information (name, address, phone, etc.).

I authorize the Lac du Flambeau Tribal Education Department to release, disclose, obtain from and/or exchange information and documents pertaining to (check all that apply):

- Financial Aid Information
- All Records
- Other: _____

I authorize the Lac du Flambeau Tribal Education Department to release, disclose, obtain from and/or exchange the information and documents indicated above with the following individual(s):

Last Name	First Name	MI	Date of Birth
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Last Name	First Name	MI	Date of Birth
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Student Name	Date
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Student Signature	Student ID Number
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STUDENT EDUCATION PLAN

FALL/WINTER 2024

Student: Please complete this form with your academic advisor or counselor. The entire form, including the signature portion below, is required.

Last Name:	First Name:	Student ID No.:
Major/Program of Study:	Credits Earned to Date:	Credits Needed to Graduate:

Course Plan

Name of Course:	No. of Credits:	Start Date:	End Date:

Advisor: Please complete this form with the student and sign below. By signing below, you are acknowledging that you have discussed this semester's course plan with the student.

Student's Signature:	Date:
Advisor/Counselor Name:	Date:
Advisor/Counselor Signature:	
Phone Number:	E-mail Address:



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STUDENT EDUCATION PLAN

SPRING/SUMMER 2025

Student: Please complete this form with your academic advisor or counselor. The entire form, including the signature portion below, is required.

Last Name:	First Name:	Student ID No.:
Major/Program of Study:	Credits Earned to Date:	Credits Needed to Graduate:

Course Plan

Name of Course:	No. of Credits:	Start Date:	End Date:

Advisor: Please complete this form with the student and sign below. By signing below, you are acknowledging that you have discussed this semester's course plan with the student.

Student Signature:	Date:
Advisor/Counselor Name:	Date:
Advisor/Counselor Signature:	
Phone Number:	E-mail Address:



State of Wisconsin Higher Educational Aids Board

Tony Evers
Governor

P.O. Box 7885
Madison, WI 53707-7885
E-Mail: HEABmail@wisconsin.gov

Telephone: (608) 267-2206
Fax: (608) 267-2808
Web Page: <http://wisconsin.gov>

WISCONSIN INDIAN STUDENT ASSISTANCE GRANT

This is a need-based grant available to Wisconsin residents who are attending a Wisconsin school of higher education. You must have one-quarter degree of Native American blood or be an enrolled member of a federally recognized tribe. The grant has a maximum of 10 semester awards.

There are three sections that each need to be filled out by different parties.

- Student:** Complete the Student Section & sign, then forward to your Tribal Education/Enrollment Office for certification.
- Tribal Education/Enrollment Office:** Complete & sign the Tribal/BIA Office Section to certify the degree of Native American blood. Certification is required only once; subsequent grant applications do not require certification.
 - If the blood degree is less than one-quarter, review and sign the exception statement as appropriate.
 - The BIA may certify applicants with a combination of blood degrees totaling one-quarter who are unable to be certified as a member of any tribe due to minimal degrees.
 - Mail or fax this application to the postsecondary school the student plans to attend.
- Financial Aid Office:** Complete the Office of Financial Aid Section, sign and mail or fax to: Wisconsin Higher Educational Aids Board WIG Program
P. O. Box 7885, Madison, WI 53707-7885
Fax: (608) 267-2808
 - Also mail or fax a copy to the Tribal Education Office.

If you have any questions, please contact Charlene Sime at: charlenek.sime@wi.gov or by phone (608) 266-0888

Student Section

Academic Year: 20__ - 20__ Current Student Status: Graduate Undergraduate

Student Name: _____ Social Security #: _____
Last First

Phone: _____ Email: _____ Birthdate: _____

Current Address: _____
Street Address Apartment/Unit #

City State ZIP Code

I have resided at this address since: _____
Month Year *If less than 1 year, provide residence information for last 5 years on a separate sheet of paper*

High School Attended: _____
Name of High School City State Graduation/GED date

I plan to Attend: _____
Name of College/Institution City State Enrollment Term

Have you previously received a grant under this program? YES NO If yes, what year(s)? _____

Father's Name: _____ Mother's Name: _____

Tribe/Reservation: _____ Tribe/Reservation: _____

Address: _____ Address: _____

STUDENT STATEMENT (IMPORTANT – READ CAREFULLY)

I declare that the information given by me on this form is true, correct and complete to the best of my knowledge. If granted assistance, I will use it only for educational expenses and purposes. I agree that this information may be shared between the Bureau of Indian Affairs, Tribe, State and the school. I further agree that I will apply for any financial aid available to me. I request the Office of Student Financial Aid to notify the BIA, State, and Tribe of my financial need and authorize any school I am attending to release a copy of my grade transcript to the BIA, State and Tribe at the end of each academic term. I request that any Bureau scholarship funds be mailed to me in care of the Office of Student Financial Aid or Business Office at the school I attend.

Student Signature: _____ Date: _____

Tribal/BIA Office Section

I hereby certify that the above-named applicant is _____ degree _____ Indian blood according to available records. Name of Tribe

Certifying Official Signature: _____ Date: _____

Tribal Education Office: _____
Name of Office Address Fax Number

EXCEPTION STATEMENT

This is to certify that the above-named applicant, who has been unable to be certified as having at least one-quarter Indian blood by an appropriate Indian agency:

- Will be recognized as a member of the _____ Tribe for the purpose of the State of Wisconsin Indian Assistance Grant Program.
- Has a combination of blood degrees totaling one-quarter but is unable to be certified as a member of any tribe. Complete the certification below.

Degree	Tribe	Certifying Official Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
= Total Degree of Indian Blood			

Office of Student Financial Aid Section

School Name: _____ New Student or Continuing Student

School Address: _____
Street Address City State Zip Code

Budget Period: _____ to _____ Year in School: _____ Status: Full-time Part-time Special

Expected Degree: AA BA/BS MA/MS Other: _____ Expected Graduation Date: _____

Major: _____ Minor: _____ Living On Campus Off Campus With Parents

Approved Student Budget:

Tuition & Fees	\$ _____
Books & Supplies	_____
Room & Board	_____
Personal Expenses	_____
Transportation	_____
Other: _____	_____
_____	_____
_____	_____
TOTAL BUDGET	\$ _____

Anticipated Student Resources:

Student Contribution	\$ _____
Parent Contribution	_____
Veteran's Benefit	_____
Social Security	_____
Vocational Rehab.	_____
General Assist./TANF	_____
Other: _____	_____
_____	_____
_____	_____
TOTAL RESOURCES	\$ _____

Awards:

Pell Grant	\$ _____
Suppl. Ed. Opportunity Grant	_____
Wisconsin Grant	_____
TIP Grant	_____
Minority Grant	_____
Federal Work Study	_____
Perkins Loan	_____
Subsidized Stafford Loan	_____
Other: _____	_____
_____	_____
_____	_____
Recommended WI Indian Grant	_____
Recommended Tribal/BIA Grant	_____
(Tribal/BIA \$ _____ for _____ terms)	
TOTAL AWARDS	= \$ _____

ASSESSED NEED (Total Budget less Total Resources) = \$ _____

Signature of Financial Aid Officer: _____ Date: _____ Phone: _____