DAKOTA INDIAN FOUNDATION SCHOLARSHIP APPLICATION

This scholarship program is established for the further educational advancement of Native American students with priority to those of Lakota, Dakota, Nakota heritage. Students must be a Sophomore, Junior or Senior to be eligible and must have completed a minimum of 24 credit hours. Scholarships are for any approved course of study at an accredited college, university or vocational school. Recipients must maintain at least a 2.5 GPA to remain eligible, and be enrolled full time each semester. Scholarships will be limited to funding availability. DIF does not fund summer semesters.

Dakota Indian Foundation determines the number and amount of available scholarships and students are expected to find suitable employment for personal expenses.

APPLICATION PROCESS

Complete the application form attached. Deadlines are August 1 for the fall semester and January 15 for the Spring semester. Complete applications will only be considered. The following forms are to be submitted with the application form:

APPLICATION PROCESS FOR UNDERGRADUATE AND GRADUATE AWARD

______ Official transcript in a sealed envelope from the school registrar’s office
______ Tribal enrollment from the enrollment office at the respective reservation
______ Current Photo
______ Recommendation letter from school advisor, counselor or professor who is knowledgeable of your abilities to succeed
______ Financial need analysis completed by the school financial aid officer
______ Personal statement from the applicant

Applicants will be notified by mail if granted a scholarship. It is advised that applicants check with the DIF office prior to the deadline to see if all requirements have been received. Incomplete applications are the responsibility of the applicant to complete, not the Dakota Indian Foundation.

Return all application forms to:

Dakota Indian Foundation
PO Box 340
209 N. Main Street
Chamberlain, SD  57325-0340
PHONE: 605-234-5472    FAX:  605-234-5858
DAKOTA INDIAN FOUNDATION SCHOLARSHIP APPLICATION

(All information on this form is and will remain confidential)

DEADLINES: August 1 Fall Semester; January 15 Spring Semester

PERSONAL INFORMATION

Name _____________________ Age_________ Date of Birth ____________

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 ENROLLMENT 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_______________________________________________ Date________

My signature confirms that I agree to take and maintain a minimum of 12 credit hours, or the check will be returned to Dakota Indian Foundation.
Signature:_______________________________________________ Date________

SCHOOL INFORMATION

Class (Please check ______Sophomore___-Junior___-Senior___ Graduate Level)
(The applicant must have at least 24 credits or above to qualify for the undergraduate Scholarship)

Applicant must have a BA/BS degree to qualify for the Graduate Scholarship.
Degree & Date _____________ College/ University_________________________ Major________________

Educational institution you are presently attending_________________________

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).

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Signed ________________________________ Date __________________

Please return directly to:
Dakota Indian Foundation
PO Box 340
209 N. Main Street
Chamberlain, SD  57325-0340
DAKOTA INDIAN FOUNDATION
ACADEMIC SCHOLARSHIP RECOMMENDATION

THIS FORM IS TO BE COMPLETED BY YOUR COUNSELOR, COLLEGE ADVISOR OR PROFESSOR WHO IS KNOWLEDGABLE OF YOUR ACADEMIC ABILITIES.

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: Sophomore  Junior  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__________________________

School Address________________________________________________________

Please return directly to:
DAKOTA INDIAN FOUNDATION SCHOLARSHIP COMMITTEE
PO BOX 340
CHAMBERLAIN SD  57325
605-234-5472 or Fax 605-234-5858
Financial Aid Needs Analysis
Dakota Indian Foundation, PO Box 340, Chamberlain, SD 57325-0340
Deadline: August 1 Fall Semester; January 15, Spring Semester

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 from 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:

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 ____________________