

## **Nyal Brings Scholarship**

This scholarship is established to further the education of Native American students with priority given to those of the Lakota, Dakota and Nakota heritage. There are two awards, one **undergraduate** and one **graduate**. . **Deadlines are August 1 for the Fall semester and January 15 for the Spring semester.** Requirements are listed below.

### **Undergraduate Scholarship Requirements**

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. Students must be a college level athlete in track; other sports will be considered. Recipients must major or minor in Native American studies/issues, Lakota in particular. Scholarships will be limited to funding availability. DIF does not fund summer semesters. Recipients must maintain a 2.5 GPA per semester and cumulative and demonstrate academic potential. The Foundation will determine the number of awards available.

### **Graduate Scholarship Requirements**

Recipients of this award must show evidence of successful academic progress. Recipients must be admitted into a graduate program emphasizing Native American Studies, specifically the Lakota language or other subjects directly relevant to the preservation of Lakota culture. Scholarships are limited to funds available. This award does not include summer sessions.

### **APPLICATION PROCESS FOR UNDERGRADUATE AND GRADUATE AWARD**

\_\_\_\_\_ Complete the application form attached. Completed applications will only be considered. The following forms are to be submitted with the application:

\_\_\_\_\_ Official transcript in a sealed envelope from the undergraduate degree granting institution

\_\_\_\_\_ Tribal enrollment

\_\_\_\_\_ Current Photo

\_\_\_\_\_ Recommendation letters from the Dean, College Advisor and a Professor who are knowledgeable of your abilities to succeed (one letter for Undergraduate award; three letters for Graduate award)

\_\_\_\_\_ Financial needs analysis completed by the school financial aid officer

The Board of Trustees of Dakota Indian Foundation will review all complete applications. Awards will be based upon recommendation letters, academic achievement, ability to complete selected program

and availability of scholarship funds. All applicants will be notified by mail and the scholarship will be sent directly to the Financial Officer at the school the student is attending.

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

# NYAL BRINGS 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).

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**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).

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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) \_\_\_\_\_  
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Additional information: \_\_\_\_\_  
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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:**

### **Cost:**

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