

**Flandreau Santee Sioux Tribe Education Department  
HIGHER EDUCATION STUDENT HANDBOOK**

**BIA/AVT/TRIBAL HIGHER EDUCATION SCHOLARSHIP NEEDS ANALYSIS FORM**

**I. To Be Completed by the Student:**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Please Print

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street or PO Box City State Zip

Year in College: \_\_\_\_\_ Full-Time or Part-Time: \_\_\_\_\_ Tribal Agency: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student Date

**II. To Be Completed by the Financial Aid Office:**

The above named student is applying for the Flandreau Santee Sioux Tribe's Higher Education Program for financial assistance to attend your institution. As a condition for receiving tribal assistance, the applicant must annually complete the Free Application for Federal Student Aid and submit the results to your office. Please answer the following questions and return the form directly to our office:

**Has the Applicant completed the FAFSA and made the results known to your office?**  Yes  No

Expenses		Personal Resources		Other Resources	
Tuition		Personal Contribution		PELL	
Fees		Parent Contribution		SEOG	
Books/Supplies		Veteran's Benefit		Perkins Loan	
Transportation		CWS		Other Loans	
Room/Board		Social Security		Work Study	
Personal		Voc. Rehab.		Scholarships	
Other (please specify on reverse side)		Other		Other	
<b>TOTAL</b>		<b>TOTAL</b>		<b>TOTAL</b>	

Student's Unmet Need - \_\_\_\_\_  
(EXPENSES - PERSONAL and OTHER RESOURCES = Unmet Need)

Higher Education Grant would cover expenses for the period:

\_\_\_\_\_ to \_\_\_\_\_ Beginning on \_\_\_\_\_  
Month/Year Month/Year

\_\_\_\_\_  
Name of Institution ( ) Phone

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Financial Aid Officer Date

Our academic terms are on: Semester \_\_\_\_\_ Quarter \_\_\_\_\_ Other \_\_\_\_\_

Student is currently registered as: Full-Time \_\_\_\_\_ Part-time \_\_\_\_\_ Other: (please list) \_\_\_\_\_

## Other Student Expenses

Please list the student's additional expenses in the box below, listing both the description and amount. Fill in the total of the student's additional expenses in the **Total** box so that the form calculates correctly.

**Additional student expenses:**

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**Total:**     \$ \_\_\_\_\_