



Pokégnek Bodéwadmik • Pokagon Band of Potawatomi

Department of Education

Box 180 • 58620 Sink Road • Dowagiac, MI 49047 • www.PokagonBand-nsn.gov
(269) 782-0887 • Please email all documents to DOE.HEAP@PokagonBand-nsn.gov

2019-2020 Higher Education Assistance Program

Deadline: Fall Semester Aug. 1st

Deadline: Spring/Winter Semester Dec 1st

Deadline: Summer May 1st

Dear HEAP Applicant,

Congratulations on pursuing your education.

To complete the application process for the Pokagon Band Higher Education Assistance Program for the academic semester, the following items need to be completed or turned into the Department of Education.

	Forms	Completed
1	Complete HEAP Application including signatures	Y/N
2	Completed Direct Deposit Form	Y/N
3	FAFSA – Student Aid Report - https://fafsa.ed.gov/	Y/N
4	Copy of your most recent unofficial transcript (returning applications), High School diploma or GED certificate (new applicants)	Y/N
5	Submit an official copy of your semester class schedule	Y/N
6	Financial Aid Verification Form (submitted to institution)	Y/N
7	I have read the Higher Education Assistance Program Policy	Y/N
8	I am applying for Housing Assistance	Y/N
9	I have attached my leasing agreement (current agreement not expired-letter from landlord if changed to a month-to-month)	Y/N

Email Application and documentation to DOE.HEAP@PokagonBand-nsn.gov

Application Signature: _____ Date: _____



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2019-2020 Higher Education Assistance Program (HEAP) Application

Basic Student Information

Name: First: _____ Middle: _____ Last: _____

Address: Street _____ City _____ State _____ Zip _____

Telephone: _____ Date of Birth: _____ Email: _____

Tribal ID Number: _____

I am classified as a: (circle one) Freshman Sophomore Junior Senior Graduate

I am pursuing the following: (circle one)

Certificate Associates Bachelors Masters PhD Vocational

My field of study or major: _____

My expected date of graduation: _____

Other Student Assistance receiving this Academic Year

Michigan Tuition Waiver _____ Pell Grant _____ Other _____

College/University/Vocational School Information

Name of School: _____ Circle One: Private Public Tribal

City: _____ State/Zip: _____

I DECLARE THAT THE INFORMATION GIVEN BY ME ON THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Application Signature: _____ Date: _____



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2019-2020 HEAP Recipient Agreement

I agree to the following items as a condition of receiving the Higher Education Assistance Program:

1. Must use funds for education-related expenses.
2. Must attend the institution listed on the application.
3. Must submit an unofficial transcript prior to the beginning of each academic period (i.e. term or semester) to verify grades.
4. Must submit a copy of schedule to verify class schedule.
5. Must maintain current address, telephone number, e-mail address, and other contact information with the Pokagon Band Enrollment Department
6. Must maintain a minimum grade point average (GPA) of 2.0 or the minimum standard for the higher education institution for undergraduate study and 3.0 for graduate study. If the student's cumulative grade point average drops below the determined GPA, the student will be placed on academic probation and must follow the Academic Improvement Plan found in the HEAP policy
7. Withdrawal from School must be pre-approved by the Higher Education Specialist. Student must notify the Pokagon Band Department of Education within (5) business days after dropping a class or withdrawing from school completely. The portion of the Pokagon Higher Education Scholarship received for the dropped class must be paid back to the Pokagon Band following the HEAP policy.
8. Must submit a copy of diploma upon graduation.
9. Must submit an application each semester.
10. Must submit all required paperwork for the semester requesting funding before the following deadlines to be eligible:

Deadline: Fall Semester Aug. 1st

Deadline: Spring/Winter Semester Dec 1st

Deadline: Summer May 1st

I understand that failure to abide by these conditions may jeopardize my future HEAP funds.

Application Signature: _____ Date: _____



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Proxy/Authorized Account Access

Proxy access allows a student to give someone else (usually a parent or guardian) read only access to designated portions of a student's records. Proxies or authorized users can optionally make payments to a student's account on the student's behalf.

All HEAP tuition payments will be paid using proxy access. Please provide proxy login information below or establish the access through your institution using the email address DoE.HEAP@pokagonband-nsn.gov as the user email.

We are not requesting or requiring full access to your student online portal. The user name, user email and password that you use to access your classes, records, etc. is unique to you and should remain private.

Authorized Payment Request Information

Student I.D.#: _____

Proxy User Name: _____ Proxy Password: _____

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Application Signature: _____ Date: _____



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Higher Education Assistance Program Consent to Release Information

Dear Pokagon Scholarship Recipient,

The Family Education Rights and Privacy Act (known as FERPA) Is a federal law that protects the privacy of student education records. These rights transfer to the student when he/she reaches the age of 18 or attends a school beyond the high school level.

Now that you are attending college, it is your decision if to allow other people to have access to your student information. For instance, we often receive telephone calls from parents asking if a scholarship check was processed, etc.

According to FERPA, we are required to get your written consent to share any information with anyone other than you. Below is a consent form. Please review it and decide with whom-if anyone- we may discuss your student file.

As always, contact our office if you have any questions.

CONSENT TO RELEASE INFORMATION

I, (print name) _____, give permission to the Pokagon Band Department of Education to release information regarding my Higher Education Assistance Program file to the following individuals or institutions:

1. _____
2. _____
3. _____
4. _____

Application Signature: _____ Date: _____



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Higher Education Assistance Program Housing

Please complete the information requested below:

Are you applying for Housing this semester? Yes _____ No _____

Housing assistance guidelines:

- May be used to pay the student’s mortgage, rent or boarding, etc.;
- Shall not be used to pay rent, directly or indirectly, to any parent, custodian or guardian of the student unless the rental unit is wholly self-contained (completely separate amenities – kitchen, bathroom, etc.) and the parent, custodian or guardian does not reside at the rental unit; and
- May be used to pay rent to a family member other than a parent, custodian or guardian.

Have you read, and do you acknowledge, the Housing Assistance guidelines listed above? Yes _____ No _____

Address where you will be residing while you are in school.

Apartment Complex/House or Dorm _____

Street _____ City _____ State ____ Zip _____

If you are full-time student and interested in applying for housing please submit your rental agreement or dorm contract with this application. The lease agreement or dorm contact must not be expired, if you are at the same residence but under a month-to-month please submit a letter from the landlord/apartment complex stating the month-to-month change to lease.

Application Signature: _____ Date: _____