



Pokagon Indiana Education (PIE) Fund Program Application

Submit each application at least **3-6 weeks before payment is due** with your Educational Institution.

Dear PIE Fund Program applicant,

Congratulations on pursuing your education. Please read this application thoroughly. This program is for Indiana public institutions of higher learning or workforce development & training programs approved by the Indiana Department of Workforce Development.

Priority is given to legal residents of the state of Indiana; however, Indiana residency is not required. Applicants must apply each “term” (semester/trimester/quarter) to request funding from the PIE Fund program.

Please include the following items with your application:

Item Number	Item Description
1.	A copy of a valid government issued identification (Driver’s License, Pokagon I.D., etc.) *Once per academic year unless address has been changed
2.	<u>New applicants</u> - high school diploma, or GED certificate/equivalent <u>Returning applicants</u> - copy of your college/university UNOFFICIAL transcript *Do not wait for grades to post, submit with 14 calendar day of application submission
3.	A copy of an official class schedule from the educational institute (Vocational/Workforce students submit a copy of the course plan)
4.	Provide proof that applicant applied for the current academic year FAFSA (Student Aid Report - http://fafsa.ed.gov/) *Once per academic year
5.	A copy of the term’s billing statement (Vocational/Workforce students submit a copy of the cost invoice) *Do not wait for the term statement to post, you may submit your application without the bill to hold your place in processing line
6.	A copy of the educational institution’s bookstore invoice, if applicable

Email questions, applications, and supporting documentation to DOE.HEAP@PokagonBand-nsn.gov.

When submitting to the email please try to include the application and all the supporting documentation as PDF file attachments and not embedded photos. If you can only use photos, they must be legible.



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Basic Student Information

Full Name: _____

Tribal ID#: _____ Date of Birth: _____

Mailing Address: _____

Cell Phone: _____ Email: _____

Educational Institution Information

Indiana Public College or University, Vocational or Workforce Development Program

Name of Educational Institution: _____

Billing Address: _____

Student ID#: _____ Academic Year: _____

I am classified as:

Freshman Sophomore Junior Senior Graduate Vocational Workforce Development

The educational institution's terms are:

Semesters Trimesters Quarters Vocational Other _____

This application is for:

Fall Winter Spring Summer Summer II Other _____

The degree program pursuing: Workforce Development Vocational

Certificate/Diploma Associate Bachelor's Master's Doctorate

My field of study or major is: _____

Other Student Assistance Aid Anticipated this Academic Year

Pell Grant _____ Scholarship(s) _____ Sponsorship _____ Other _____

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

Applicant Signature: _____ Date: _____



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Authorized User

The educational institution may have the option to set up an authorized user to view statements and make payments on the behalf of the student. These accounts have many names such as, Third Party User Access, Proxy, Authorized Payer, etc. Ask your educational institution if you can set up an account for the Department of Education to view and pay on your account. Your educational institution's website may have the information on how to create an authorize user account. Allowing the Pokagon Band Department of Education access to these accounts allows for credit card payments to be made directly to the student's educational institution account.

We are not requesting or requiring full access to your personal student online portal. That login information is unique to you and should remain private.

When setting up these accounts, if possible, please use DOE.HEAP@PokagonBand-nsn.gov.

Mark the box that applies/complete as needed:

I have granted access to the email DOE.HEAP@pokagonband-nsn.gov

If setup required additional information, please provide it below:

Username: _____ Password: _____

Security Question: _____

Answer: _____

Institution website: _____

*Website to login and make payments is preferred

My educational institution does not offer an authorized user option

I don't know if my educational institution offers an authorized user option

My educational institution offers over the phone payments, call: _____

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

Applicant Signature: _____ Date: _____



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Consent to Release

This section is to grant permission to the Department of Education to release your information regarding your Pokagon Indiana Education Fund Program’s application and its status.

Now that you are attending a post-high school/higher learning program it is your decision to allow other people access to your student information.

This form is for the Pokagon Band Department of Education to release information. Your educational institution will have you complete something similar in accordance with the Family Education Rights and Privacy Act (FERPA).

According to FERPA, we are required to get your written consent to share information with anyone other than you.

Consent to Release Inform

I, _____, give permission to the Pokagon Band Department of Education to release information regarding my Pokagon Indiana Education Fund Program application to the following individual(s) or institution(s).

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

Or

I do not wish to release my information to any individual(s) or institution(s).

Applicant Signature: _____ Date: _____