



Higher Education Assistance Program (HEAP) Application

Submit each application 3-6 weeks before payment is due with your Educational Institution

Dear HEAP Applicant,

Congratulations on pursuing your education. Please read thoroughly for there have been some changes throughout the application.

To complete the application process for the Pokagon Band Higher Education Assistance Program every semester, the following items need to be completed, attached, and emailed to the Department of Education.

No.	Forms Checklist	Completed/Attached (Check one)
1	I have read the HEAP Policy	<input type="checkbox"/> Y / <input type="checkbox"/> N
2	HEAP Application pgs. 1-6 including signatures	<input type="checkbox"/> Y / <input type="checkbox"/> N
3	Direct Deposit Form w/voided check or account verification (required for new applicants or banking updates)	<input type="checkbox"/> Y / <input type="checkbox"/> N
4	Copy of FAFSA Student Aid Report - http://fafsa.ed.gov/ (please submit once per academic year)	<input type="checkbox"/> Y / <input type="checkbox"/> N
5	New applicants - high school diploma, or GED certificate Returning applicants - copy of your college/university UNOFFICIAL transcript [Students do not need last semester's grades to move forward w/HEAP Application]	<input type="checkbox"/> Y / <input type="checkbox"/> N
6	Higher Education students submit of official semester class schedule with credit hours or Vocational students submit a copy of the course plan and cost invoice	<input type="checkbox"/> Y / <input type="checkbox"/> N
7	I am applying for Housing Assistance (page 6)	<input type="checkbox"/> Y / <input type="checkbox"/> N
8	Submit a current copy of dorm/lease/mortgage if you are applying for Housing Assistance (only needed once per academic year)	<input type="checkbox"/> Y / <input type="checkbox"/> N
9	I have attached my semester's bill to my HEAP Application	<input type="checkbox"/> Y / <input type="checkbox"/> N

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

*Required attachments will not be accepted if they are not attached as scanned documents, do not attached photos or include photos imbedded into the email body

Application Signature: _____ Date: _____



HEAP Application

Basic Student Information

Name: First _____ Middle _____ Last _____

Tribal ID Number: _____ Date of Birth: _____

Address: _____ City _____ State _____ Zip _____

Cell Phone: (____) _____ - _____ Email: _____

College/University/Vocational School Information

I am requesting HEAP (Mark Box): Tuition Book Stipend/Vo-Supplies Housing (p.6)

Name of School: _____ Select one: Private Public Tribal

Address: _____ City _____ State _____ Zip _____

Student I.D.#: _____

I am attending two Educational Institutions this semester/term (2 max)? Yes _____ No _____

If yes, an additional HEAP Application will need to be submitted for each school.

The semester/term of this application is (Mark One): **Academic Year:** _____

Fall Winter Spring Summer Summer II Other _____

My school terms are (Mark One): Semesters Trimesters Quarters

I am classified as a (Mark One): Freshman Sophomore Junior Senior Graduate

Vocational Continuing Education

I am pursuing the following (Mark One): Certificate Associates Bachelor's Master's

Doctorate Vocational Continuing Education Requirements

My field of study or major: _____

My expected date of graduation: _____

Other Student Assistance Aid Anticipated this Academic Semester

Michigan Indian Tuition Wavier _____ Pell Grant _____ Other _____

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

Application Signature: _____ Date: _____



HEAP Application 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 a copy of diploma upon graduation.
4. Must submit a HEAP Application each semester.
5. Must submit college/university unofficial transcript to verify grades.
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. Must notify the Pokagon Band's Education Department of any changes to the original schedule submitted. Reduced credit hours must be paid back if you were awarded tuition based off more credit hours than taken.
8. Withdrawal from school must be pre-approved by the Department. Student must notify the Department within (5) business days after dropping a class or withdrawing from school completely. The portion of the Pokagon Higher Education Assistance received for the dropped class must be paid back to the Pokagon Band following the HEAP Policy.
9. Must maintain current address, telephone number, email address, and other contact information with the Pokagon Band Enrollment Department.
10. Must scan and email completed application to doe.heap@pokagonband-nsn.gov. If a student is unable to email completed application, then submission via mail, drop off or fax (269-782-0985) is acceptable.
11. Must submit all required paperwork for each semester requesting funding three (3) to six (6) weeks before payment is due with your Educational Institution

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

Application Signature: _____ Date: _____



HEAP Application
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 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 username, user email and password that you use to access your classes, records, etc. is unique to you and should remain private.

Have you setup the Department of Education as a proxy/authorized user/third-party user?
Mark box if below applies:

Yes

Authorized User Account Information

Username: _____ Password: _____

If the email doe.heap@pokagonband-nsn.gov was used, we understand a link was sent directly to the email to create a password

Institutions website/user website: _____

My school does not offer proxy/authorized user (third-party) account.

I’m not sure if my school offers a proxy/authorized user/third-party user account.

*Your school may require you to fill out a type of consent to release form to bill the Pokagon Band Department of Education

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

Application Signature: _____ Date: _____



HEAP Application
Consent to Release Information

Dear Pokagon HEAP Recipient,

The Family Education Rights and Privacy Act (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 to allow other people access to your student information.

According to FERPA, we are required to get your written consent to share 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. Example given: parent, spouse, partner.

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 individual(s) or institution(s).

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

Mark box if below applies:

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

Application Signature: _____ Date: _____



HEAP Application
HEAP Housing Assistance

Are you applying for Housing Assistance through HEAP? Yes _____ No _____

If your answer is no, please sign at the bottom of the page. Please note that Housing Assistance is only available to full-time students.

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.

Please complete the information below:

Have you read and do you acknowledge, the Housing Assistance guidelines listed above?

Yes _____ No _____

Address where you will be residing while you’re in school:

Apartment/House/Dorm: _____

Street _____ City _____ State _____ Zip _____

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

Application Signature: _____ Date: _____