



Pokagon Indiana Education Fund (PIE Fund) Application

Submit application at least 3-6 weeks before payment is due with your Educational Institution.
You as the applicant must submit an application each “term” (semester/trimester/quarter/other) you are requesting funding from this program.

Dear PIE Fund applicant,

Congratulations on pursuing your post-secondary education. Please read this application thoroughly. This program is only for public post-secondary educational institutions in the State of Indiana.

Priority is given to legal residents of the state of Indiana; however, Indiana residency is not required.

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 within 14 calendar days of application submission
3.	A copy of an official class schedule from the educational institution
4.	Vocational/Workforce students submit a copy of the course plan and cost invoice
5.	Provide proof applicant applied for the current academic year FAFSA (Student Aid Report - http://fafsa.ed.gov/) *Once per academic year/if applicable
6.	A copy of the term’s billing statement *Do not wait for the term statement to post, you may submit your application without the bill to hold your place in processing line
7.	A copy of the educational institution’s bookstore invoice, if applicable *Create a “cart” in your institution’s bookstore, print/save to PDF the cart of books/materials you need & it include with your application.

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

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

iPhone Notes or Google Drive does offer a scanner to create PDF files.



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Basic Student Information

Full Name: _____

Tribal ID#: _____ Date of Birth: _____

Complete Mailing Address: _____

Cell Phone: _____ Email: _____

Public Post-Secondary Educational Institution (State of Indiana)

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 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 GIVEN BY ME 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, 3rd 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. You may also be able to search your educational institution’s website to find out if these accounts are available to create.

Granting the Department an Authorized User account allows us to make credit card or eCheck payments 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:

Username: _____ Password: _____

Security Question: _____

Answer: _____

Institution website: _____

*Prefer the website be where the provided information can be used to login and make payments.

My educational institution does not offer an authorized user option that I am aware or otherwise unaware of.

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

I DECLARE THAT THE INFORMATION GIVEN BY ME 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 PIE Fund application and its status.

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

Your educational institution will have you complete something similar in accordance with the Family Education Rights and Privacy Act (FERPA). However, this form does not give the Pokagon Band the same access to your educational institution this is for the Pokagon Band Department of Education to release information.

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

Consent to Release Information

I, _____, give permission to the Pokagon Band Department of Education to release information regarding my PIE Fund 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: _____