



Association on American Indian Affairs

Return to: Association On American Indian Affairs, Inc.

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www.indian-affairs.org E-mail:aaia@tnics.com

Scholarship Grant Application

Please type or print legibly

Student Name

Name of Scholarship

Mailing Address

Name of College/University/Vocational

City

Name of Financial Aid Officer

Telephone Number (Home and Business)

Address of Financial Aid Officer

Fax Number

Financial Aid Office Telephone Number

Tribal Affiliation

Financial Aid Office Fax Number

Enrollment Number

Year in School (Freshman, Sophomore, Junior, Senior, or Graduate)

Social Security Number

Date Classes Begin

Anticipated Date of Graduation

Major Program

VERIFICATION OF FINANCIAL AID OFFICER - REQUIRED -

I, _____ do certify that the above named student is eligible for
\$ _____ dollars for the _____ semester of the school year.
(unmet need)

Financial Aid Officer's Signature

Institution