

SCHOOL YEAR \_\_\_\_\_

## CONTINUING STUDENT CHECKLIST & DEADLINES

STUDENT NAME: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Continuing Student Deadline 1:

**For the Fall term the deadline is May 1<sup>st</sup>** Continuing students need to submit the five items listed below by the May 1<sup>st</sup> deadline. You may submit documents at the office by regular mail, email, or by fax. If you miss the deadline, your school packet will be deemed incomplete and you may apply for the next term. Your attention to the deadline is very important and appreciated. If you have questions or concerns or need assistance, please contact Jami Moss or Jessica James.

	<b>Student Update</b> - Please complete and return the attached form.	
	<b>New Class Schedule</b> - for the upcoming school term. If you are unable to register, provide verification from your school explaining the reason you are not able to register for classes.	
	<b>Needs Analysis</b> - The attached Needs Analysis form only needs to be completed one time per school year. As a reminder, soon after October 1st complete the free application for Financial Aid at <a href="http://www.fafsa.gov">http://www.fafsa.gov</a> . After you complete the FAFSA, please submit the Needs Analysis form to your school's Financial Aid Office and have them return it to you. Then send the form to us with your packet of info.	
	<b>Release of Information</b> (Forms Attached) - <b>This form needs to be updated one time during the current school year.</b> The first release form is for all schools -- please sign the two (2) forms enclosed, date and submit by deadline. One form is for your school and one for the department's record.	
	<b>Most Recent Grades</b> -for the most recent term you completed.	

### Continuing Student Deadline 2:

*For the Spring term the deadline for you to submit your grades and class schedule is October 1st. A hold will be placed on your funding until these documents are submitted. Your attention to this deadline is very important.*

#### CONTACTS:

Jami Moss, Higher Education Case Manager  
 Phone: (208) 478-3760 or 208-339-3481  
 Email address: [jstevenson@sbtribes.com](mailto:jstevenson@sbtribes.com)  
 Jessica James, Education Program Manager  
 Phone: 208-478-3851 or 208-560-9403  
 Email address: [jjames@sbtribes.com](mailto:jjames@sbtribes.com)  
 FAX NUMBER: (208) 478-3845

#### For Program Use Only:

Review Date	Application Status	Reviewed by

**Student Name** \_\_\_\_\_

**STUDENT UPDATE**

CONTINUING STUDENTS ONLY

Home Mailing Address -----

City/State/Zip -----

Home Phone \_\_\_\_\_

Cellular No. \_\_\_\_\_

Message No. -----

Email Address: -----

**Emergency**

**Contact 1 :** \_\_\_\_\_

Physical Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Emergency**

**Contact 2 :**

Physical Address -----

City, State, Zip -----

Phone Number: -----

**Where to Contact You at School**

Mailing Address _____ _____ City/State/Zip _____ Home Phone _____ Cell Number _____ Message No. _____ Email Address: _____	Residence while in school <input type="radio"/> Off-Campus <input type="radio"/> Parent's Home <input type="radio"/> On-Campus <input type="radio"/> Other:		
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;">                             Current Family Status  <input type="radio"/> Single / No Dependents  <input type="radio"/> Single w/Dependents  <input type="radio"/> Married  <input type="radio"/> Separated / Divorced                         </td> <td style="width: 50%; vertical-align: top;">                             Children                              Boy(s): _____                              Ages: _____                              Girl(s): _____                              Ages: _____                         </td> </tr> </table>	Current Family Status <input type="radio"/> Single / No Dependents <input type="radio"/> Single w/Dependents <input type="radio"/> Married <input type="radio"/> Separated / Divorced	Children Boy(s): _____ Ages: _____ Girl(s): _____ Ages: _____
Current Family Status <input type="radio"/> Single / No Dependents <input type="radio"/> Single w/Dependents <input type="radio"/> Married <input type="radio"/> Separated / Divorced	Children Boy(s): _____ Ages: _____ Girl(s): _____ Ages: _____		

**School Information**

School Name ----- School Address ----- City/State/Zip _____ Telephone No. ----- FAX Number ----- Expected Graduation Date: -----	Major ----- Minor ----- Class Status: ----- <input type="radio"/> Off-Campus <input type="radio"/> Parent's Home <input type="radio"/> On-Campus <input type="radio"/> Other:
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Student Comments:

# FINANCIAL NEEDS ANALYSIS FORM

TO: FINANCIAL AID OFFICER

STUDENT NAME \_\_\_\_\_

STUDENT ID NO. \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

SCHOOL \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

CITY & STATE: \_\_\_\_\_

GRADUATION DATE: \_\_\_\_\_

COURSE OF STUDY: \_\_\_\_\_

SCHOOL YEAR: \_\_\_\_\_

The person listed above applied for education assistance from the Shoshone-Bannock Tribe. All requests for education assistance are based on financial need and academic merit. To determine the student's financial need, please verify their awards (resources), and school expenses for the school year identified. This request is due on or before May 1 for Fall funding or October 1 for Winter and Spring term(s). Your response is appreciated.

## FINANCIAL AID OFFICER - Please complete the following:

Period covering this Financial Needs Analysis: \_\_\_\_\_

School is on what type of system?  Semester  Quarter  Other: \_\_\_\_\_

AVAILABLE STUDENT GRANTS, SCHOLARSHIPS AND OTHER AWARDS					
Description	Fall	Winter	Spring	Summer	Total
Federal PELL Grant					
Federal Work Study Program					
State Grants / Awards					
Tuition Waiver					
SEOG					
Other:					

### RESOURCES FOR SCHOOL YEAR

Student Contribution \_\_\_\_\_

Parent Contribution \_\_\_\_\_

PELL Grant \_\_\_\_\_

Work Study \_\_\_\_\_

SEOGG \_\_\_\_\_

Loans: \_\_\_\_\_

VA Benefits \_\_\_\_\_

Scholarship: \_\_\_\_\_

Other: \_\_\_\_\_

TOTAL RESOURCES: \$ \_\_\_\_\_

### EXPENSES

Tuition or Registration \_\_\_\_\_

Other class fees \_\_\_\_\_

Books & Supplies \_\_\_\_\_

Room & Board \_\_\_\_\_

Personal \_\_\_\_\_

Transportation \_\_\_\_\_

Childcare \_\_\_\_\_

Other: \_\_\_\_\_

TOTAL EXPENSES: \$ \_\_\_\_\_

TOTAL UNMET NEED: \$ \_\_\_\_\_

TENTATIVE AWARD

FINAL AWARD

DOES STUDENT QUALIFY FOR FEDERAL FINANCIAL AID? YES NO

IF NOT, REASON: \_\_\_\_\_

FINANCIAL NEEDS ANALYSIS VERIFIED BY: \_\_\_\_\_  
Financial Aid Officer Signature

DATE: \_\_\_\_\_

RETURN THIS FORM BY US MAIL. EMAIL OR FAX TO: Please email: Jami Moss at [jstevenson@sbtribes.com](mailto:jstevenson@sbtribes.com) or Jessica James at [jjames@sbtribes.com](mailto:jjames@sbtribes.com)

Shoshone-Bannock 477 HSD -Scholarships  
PO Box 306- Fort Hall, 10 83203 FAX:(208) 478-3845 Phone: (208) 478-3760 or 208-478-3851

**INFORMATION ABOUT THIS RELEASE.** As a recipient of federal education funds from the United States through the Bureau of Indian Affairs and US Department of Labor, the Shoshone-Bannock Tribes is required to verify the student's academic status (school records) and other federal and non-federal financial education resources. This release of information is required to meet the Tribe's federal grantee obligations.

**NEEDS ANALYSIS AND SCHOOL RECORDS.** A student who is a member of an American Indian Tribe, eligible Native American, or at least one-quarter (1/4) degree Indian blood, who may qualify for education assistance by a Tribe or Agency must submit a Needs Analysis Form to their school's Financial Aid Office. This RELEASE OF INFORMATION authorizes the Financial Aid Officer to complete the form and release the form to the SHOSHONE-BANNOCK TRIBES. Other school records authorized for release include: school transcripts, school acceptance and grades. The Tribe will review the Needs Analysis and transcripts and/or grades to determine the student's eligibility for scholarship(s).

SHOSHONE-BANNOCK TRIBES  
477 PROGRAM

FAX (208) 478-3845

**RELEASE  
OF  
INFORMATION**

**AUTHORIZATION GIVEN TO:**

**STUDENT INFORMATION**

School: \_\_\_\_\_

Student Name \_\_\_\_\_

Office: \_\_\_\_\_

Student ID No. \_\_\_\_\_

Mailing  
Address \_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_

Email Address \_\_\_\_\_

Authorization to Release Information to the Shoshone-Bannock Tribes is hereby given to the school listed above. Information authorized for release may be in writing or through verbal discussion by agency representatives, and includes grades, progress, attendance, test scores, transcripts and their contents, and financial aid awards and general information regarding academic, financial, school status. I further understand, the purpose of this release is to verify my eligibility for school funding from the Tribe and to coordinate my financial awards. If any party has questions or concerns regarding this release of information, I can be reached at the number or email address listed above.

***Please release the information requested to:***

Shoshone-Bannock Tribes  
477 Human Services Department  
PO Box 306  
Fort Hall, ID 83203

As the student, I understand that this is a reciprocal agreement and Release of Information. Therefore, I authorize the Shoshone-Bannock Tribes to release information regarding any education awards made to me or on my behalf to the school listed above. I understand this release will remain in affect unless I revoke my permission in writing.

APPLICANT/  
STUDENT SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

S ROI2021-2