



Scholarship Program Application

Building Opportunity with Pride, Tradition & Strength

CONTACT INFORMATION

Name:

Ho-Chunk Ceremonial Name, if applicable:

Current Address:

Permanent Address:

Email: Phone Number:

EDUCATION & EMPLOYMENT

Educational Institute & Address	Dates Attended	Major/Minor & Degree, if any
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>

Cumulative High School GPA: Cumulative College GPA: Most Recent Semester GPA:

Anticipated Graduation Date:

Estimated cost for one academic year/two semesters.

Tuition:

Mandatory Fees:

Books & Supplies:

Room & Board:

Other:

Total:

Student's anticipated household income for upcoming academic year:

Have you ever received a Ho-Chunk, Inc. Scholarship?

Yes No

If yes, when?

Are you currently employed? Yes No

What is your status? Full-Time Part-Time

Current or recent past employer:

Questions can be directed to Terri Lee Medina at tmedina@hochunkinc.com or 402-878-2809 x1326.

BID# for in-office use, only: _____

DEADLINE: JUNE 31, 2024

FINANCIAL NEEDS ANALYSIS

I. THIS SECTION TO BE COMPLETED BY THE STUDENT

Name:

Home Address: Phone:

Year in College: Major: Minor:

Marital Status: No. of Dependents:

II. THIS SECTION TO BE COMPLETED BY THE FINANCIAL AID OFFICE

Verification of financial need information is needed from your office before we can take action on this application. Please complete and forward this form attached to application. Thank you for your assistance.

Budget Period: From to which will start on (date)

This student is considered: Independent Dependent

	RESOURCES	CAMPUS BASED AID	COLLEGE BUDGET
Parent Contribution:	<input type="text"/>	Pell Grant: <input type="text"/>	Tuition: <input type="text"/>
Student Contribution:	<input type="text"/>	Work Study: <input type="text"/>	Books: <input type="text"/>
Spouse Contribution:	<input type="text"/>	Loan: <input type="text"/>	Fees: <input type="text"/>
VA Benefits:	<input type="text"/>	SEOG: <input type="text"/>	Room: <input type="text"/>
State Scholarship:	<input type="text"/>	Scholarship: <input type="text"/>	Board: <input type="text"/>
State Ind. Scholarship:	<input type="text"/>	Other: <input type="text"/>	Travel: <input type="text"/>
Other:	<input type="text"/>		Misc: <input type="text"/>
Total \$:	<input type="text"/>	Total \$: <input type="text"/>	Total \$: <input type="text"/>

Name of College: Address:

Our school is on: Semester Quarter Trimester Other Is this student on academic suspension? Yes No

ESSAY

Include responses to the following questions. *Essays must be original. Please do not reuse a previous essay.*

1. Describe your financial need for this scholarship. *Approx. 200 words*
2. What are your personal and professional goals? How will this scholarship help you reach those goals? *Approx. 400 words*
3. How will your college and/or career goals impact the Winnebago Tribe? *Approx. 200 words*
4. Why should you be selected over other applicants as a recipient of this scholarship? *Approx. 200 words*

ELIGIBILITY REQUIREMENTS

In addition to this signed application form and essay, you must submit the following documents.

1. Proof of Winnebago enrollment and/or descentance. Tribal ID, Letter of Acceptance, etc.
2. Two letters of reference from non-family members verifying the student's character, need, merit and circumstances. One reference from a recent instructor is preferred.
3. Updated high school or college transcripts. Unofficial transcripts will be accepted.
4. College course registration for the upcoming term, enrolled full-time.
5. One page resume.
6. 3.0 GPA

By signing below, I acknowledge that all of the above information is complete, true, and accurate.

Signature:

Date:

SUBMIT

Please print or download the following forms, complete the information, and submit all required items by mail or email.

Incomplete applications will not be considered. All information must be received by June 31, 2024.

OPTION 1: PRINT & MAIL

→ Terri Lee Medina
818 St. Augustines Dr.
Winnebago, NE 68071

OPTION 2: DOWNLOAD & EMAIL

→ tlmedina@hochunkinc.com
*A single PDF attachment, containing
all required documents, is preferred.*