

Scholarship Program Application

Building Opportunity with Pride, Tradition & Strength

CONTACT INFORMATION

Name:						
Ho-Chunk Ceremonial Name, if applica	ble:					
Current Address:						
Permanent Address:						
Email:	Phone Number:					
EDUCATION & EMPLOYMENT -						
Educational Institute & Address	Dates A	ttended	d Major/Minor & Degree, if any			
1.						
2.						
Cumulative High School GPA:	Cumulative College	GPA: Most	Recent Semes	ter GPA:		
Anticipated Graduation Date:						
Estimated cost for one academic year, Tuition:	Student's anticipated household income for upcoming academic year:					
Mandatory Fees: Books & Supplies:		Have you ever Yes	received a Ho No	-Chunk, Inc. Scholarship?		
Room & Board:		If yes, when?				
Other: Total:		I am atte	ending an Ivy Lo	eague School		
Are you currently employed? Yes	No What	at is your status?	Full-Time	Part-Time		
Current or recent past employer:						

Questions can be directed to Terri Lee Medina at tlmedina@hochunkinc.com or 402-878-2809 x1326. BID# for in-office use, only: _____

1

FINANCIAL NEEDS ANALYSIS -								
I. THIS SECTION TO BE COMPLETED BY THE STUDENT								
Name:								
Home Address:			P	hone:				
Year in College:	Major:		Minor:					
Semesters I am Seeking Funding:	Fall	Spring	Summer					
Marital Status:	No. of Dep	endents:						
II. THIS SECTION TO BE COMPLETED BY THE FINANCIAL AID OFFICE								
Verification of finanical 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 (dat	e)				
This student is considered: Indep	endent	Dependent						
RESOURCES			CAMPUS BASED AID	COLLEGE BUDGET				
Parent Contribution:		Pell Grant:		Tuition:				
Student Contribution:		Work Study:		Books:				
Spouse Contribution:		Loan:		Fees:				
VA Benefits:		SEOG:		Room:				
State Scholarship:		Scholarship:		Board:				
State Ind. Scholarship:		Other:		Travel:				
Other:				Misc:				
Total \$:		Total \$:		Total \$:				
Name of College:	ne of College: Address:							
Our school is on: Semester Quar	ter Trime	ster Other	Is this student on acade	emic suspension? Yes No				

Scholarship Program Application

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 descendance through proof of parents/grandparents Winnebago enrollment. (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. **HCI Scholarship** 3.0 GPA at time of application and during the funded academic year. If the awarded students GPA falls below 3.0 at the end of the academic year, they will be deemed ineligible to apply for funding for the next year.
- 7. Superstar Scholarship (Ivy League Schools) 2.5 GPA at time of application and during the funded academic year. If the awarded students GPA falls below 2.5 at the end of the academic year, they will be deemed ineligible to apply for funding for the next year.

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 30**, 2025.

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.