Upper Sioux Higher Education Assistance Application

Name:	
Date:	SSN:
Phone:	
Home Address:	
Address while offer disc schools	
If different than home address	
Institution & address attending: _	
- -	
Major/Field of Study:	
Degree or certificate:	
Length of program:	1 , 1
Number of Semesters yet to be con	npieted:
Number of Credits registered for the	his Semester:
Semester I Semester II Sum Circle One	mer Session Other
I am requesting assistance for:	financial assistance.
1 8	housing assistance (please ask if available)
	laptop incentive (please ask if available)
All other assistance, see Higher Ed	lucation Director.
I agree that the above is correct to	the best of my knowledge. I understand fraud or
falsifying information is automatic	•
Name	Date
INAIIIC	Date