

# The Lower Sioux Indian Community In the State of Minnesota

P.O. Box 308 • 39527 Res Hwy 1 Morton, Minnesota 56270 *Cansayapi Otunwe* 

#### THE LOWER SIOUX EDUCATION COMMITTEE STATEMENT POLICY

Pages:	
Policy ID:	
Effective Date:	
Initiated By:	
Initiated By:	
Initiated By:	
Authorized By:	
Authorized By:	
Authorized By:	

#### SUBJECT: Higher Education Rules and Regulations

- PURPOSE: To ensure equal opportunity to all eligible Lower Sioux Indian Community members.
- POLICY: A Student Packet may be obtained from the Education Committee by setting up a meeting. At the meeting, you must explain your plans for higher education. If your plans qualify for the tuition assistance program, you will be given a Student Packet. Here is a checklist that needs to be completed to apply for tuition assistance:
  - 1. \_\_\_\_\_ Complete packet
  - 2. \_\_\_\_\_ Acceptance Letter
  - 3. \_\_\_\_\_ FAFSA-www.fafsa.ed.gov
  - 4. \_\_\_\_\_ Awards letter
  - 5. \_\_\_\_\_ Scholarship acceptance or denial
  - 6. \_\_\_\_\_ Schedule/tuition bill/books receipt and grades due each semester.

We require a FAFSA to be completed each year you are seeking tuition assistance. Once the FAFSA is completed you will get an Awards letter. We want to see if you qualify for any grants

Initials: \_\_\_\_\_

offered by the state. We also need you to apply for at least one scholarship with proof that you were either approved or denied. Any scholarship or grants received will be yours to keep. The Community will pay up to \$4000 per semester or \$ 2000 per quarter for tuition and books.

Each Student Packet is an individual agreement between the student and the Lower Sioux Indian Community.. Communications and correspondence between you and the Education Committee are confidential. Parents/Guardians are welcome to attend meetings; however, you must meet with the Education Committee. The Committee accepts communication through phone conference calls if you are enrolled in a college that is out of the area and you are not able to be present. The Lower Sioux Community Council must approve each agreement.

To qualify for tuition assistance, the college you have selected must be an accredited college through a higher education accrediting body and your course of study must lead to an Associates, Bachelors, Masters, or Doctoral degree.

If attending college on a full-time basis, there is a maximum tuition assistance benefit of five years. If attending college on a part-time basis, or working toward a Masters or Doctoral degree or toward a certification or a license, the policy is based on your individual plan as approved by the Education Committee and the Community Council.

If attending college on a part-time basis, a complete plan of classes for the entire program is required. Part-time status does not guarantee that you will meet tribal residency requirements to maintain qualified status. The Enrollment Ordinance contains a special situation requirement for full-time students (see section 4.3) which may not apply to students attending college on a part-time basis. It is in your best interest to meet with the enrollment committee before starting a part-time program.

Certification and/or licensing programs are required to be at least a 6-months long to qualify for tuition assistance. If you are incarcerated, you are not eligible for tuition assistance.

The Education Committee will make all tuition assistance checks out to you. It is your responsibility to make all tuition payments to the college. Tuition assistance may not be used to pay for late fees or for repeat classes/books

It is your responsibility to submit all information requested by the Education Committee. You must submit a complete class schedule and a bill for tuition before each semester or quarter. You must also submit your grades after each semester or quarter before funding will be approved for the next semester or quarter.

If the college requires payment or proof of funding before grades are released, funding may be approved. However, you must turn in your grades to the Education Committee as soon as you get them. If you fail to turn in grades in a timely manner, the Education Committee will send one notification letter to remind you we are missing grades. The letter will be sent to the address stated on the 'Student Information Page'.

While in college, you must maintain an overall "C" average or GPA of 2.0 for each semester or <u>quarter</u>. If you do not maintain a "C" average for a semester or quarter, you will be placed on payback status for the entire semester or quarter. Any If you withdraw from a class during the semester or quarter and do not enroll in a substitute class or if you fail a class, you will also be put on payback status. It is your responsibility to inform the Education Committee of changes in your course load or problems or concerns you encounter during your course of study.

Initials: \_\_\_\_\_

Any change in colleges must receive the approval of the Education Committee and will be reviewed on an individual basis. If you continuously change colleges or do not meet the guidelines above, tuition assistance may be denied and you will be asked to set up a meeting with the Committee.

All tuition assistance will be treated as a "student loan" until completion of your educational program. Upon completion of your program in accordance with the policies set forth here, the loan will be forgiven in full and there will be no amount to repay. However, if you fail to complete your program, the entire amount provided to you in tuition assistance will be considered a debt to the Community and you will be required to repay the entire amount.

You must sign an agreement to repay tuition assistance funds out of any per capita distribution you may receive at a minimum of \$300 per month with a maximum of three (3) years payback. This signed agreement (in student packet) must be on file prior to your receiving any tuition assistance. If you are not eligible for per capita distributions when your payback obligation occurs, you must pay back all tuition assistance provided to you by other means. If you fail to do so, the Community will use all lawful means available to it to collect the full amount of the debt from you. All tuition assistance funding must be paid back in full prior to any further funding from the Education Program.

COVERAGE: Tuition & Fees up to \$4000 per semester or \$2000 per quarter Required books Class equipment will NOT be funded. This includes: supplies, computers, etc.

The Education Committee generally meets at 4:30 pm on the second Wednesday of each month, but meetings are subject to change. Additional meetings are held as needed. Please call the Lower Sioux Community Center to set up a meeting with the Committee and find out the most current meeting times. Telephone conference calls are an option if you are already attending school and living a significant distance away.

I have read this policy, and I understand all of it. I agree that it is my responsibility to make sure I follow the policy always in order to be eligible for tuition assistance from the Lower Sioux Education Fund.

Signature of Student

ALL FORMS IN THIS SEVEN PAGE PACKET ARE TO BE COMPLETED AND RETURNED TO THE EDUCATION COMMITTEE. ALWAYS KEEP SIGNED COPIES. THE LOWER SIOUX EDUCATION COMMITTEE

### STUDENT INFORMATION (CONFIDENTIAL)

Name:		Date:			
Last	First				
Birth Date:	Social Security Number:				
Enrollment Number:	Phone: (_	)Cel	ll: ()		
Permanent Mailing Address:					
	Sueet/F.O.Box				
	City	State		Zip	
School Mailing Address:	<u></u>				
(If different from above)	Street/P.O.Box				
	City	State		Zip	
	Primary Email				
College/Facility Name:	llege/Facility Name: Phone: ()				
School Address:					
	eet/P.O.Box				
City	ý	State	Zip		
Proposed Major/Certificate/License:					
Date of Acceptance:	Anticipated Graduation Date:				
Type of Degree: C	ype of Degree: Certificate License				
Associates Degree Bachelor's Degree					
N	laster's Degree	Doctoral			
School Business Office/Re	egistrar:	]	Phone: ()		
	Name		Phone		
Student Advisor:	(	)			
Name THIS FORM NEEDS	TO COMPLETED A	AND RETURNED TO			
COMMITTEE. IF THERE RESPONSIBLE TO 1					



# **The Lower Sioux Indian Community** In the State of Minnesota

P.O. Box 308•39527 Res Hwy 1 Morton, Minnesota 56270 Cansayapi Otunwe

### THE LOWER SIOUX EDUCATION COMMITTEE STUDENT RELEASE OF INFORMATION

Ι, \_

\_\_\_\_\_ (Student), give permission to

College/Facility Name

School Address:

School Address, Cont.

To release all information pertaining to my attendance, financial aid, grades, and completion of courses to the:

The Lower Sioux Indian Community C/O the Lower Sioux Education Committee P.O. Box 308 Morton, MN 56270 (507) 697-6185

I understand and agree that all monies paid by the Lower Sioux Indian Community are for the sole purpose of meeting my educational expenses. I authorize that all refund checks from the above-named institution be made out to and returned to the Lower Sioux Indian Community at the address listed above.

Student-Print Name	Student ID#	Date	
Signature			
School Representative	Title	Date	
Phone: ()			
ORIGINAL TO BE KEPT BY T	HE SCHOOL. PHOTOCOPY T		

LOWER SIOUX EDUCATION COMMITTEE AT THE ABOVE ADDRESS.



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### THE LOWER SIOUX EDUCATION COMMITTEE STUDENT PAYMENT AGREEMENTAND PROMISSORY NOTE

I (Member)\_\_\_\_\_\_, understand that I am receiving tuition assistance from the Lower Sioux Community to complete an educational program at (School name)\_\_\_\_\_\_. I understand that I must comply with all criteria as listed in the Lower Sioux Education Committee Statement of Policies and Regulations. I understand that I must timely submit all requested education information to the Lower Sioux Education Committee and keep them informed of any changes in my educational program, should they arise. I understand that while I am in school, any tuition assistance funding provided to me will be considered a student loan from the Community. I further understand that upon successful completion of my educational program, the loan will be forgiven and I will not be required to pay back any amount to the Lower Sioux Community Education fund. If I do not complete my educational program according to the Policies and Regulations Statement, I hereby agree to repay in full the entire amount provided to me in tuition assistance from the Lower Sioux Community Education Fund.

If at the time my repayment obligation arises I am eligible to receive per capita distributions from the Community, I agree that the Community may withhold from my per capita distributions the amount necessary to repay my entire obligation. Repayment shall be withheld from my per capita distributions in equal monthly installments amortized over a period of 36 months, or \$300 per month, whichever is greater. However, if you choose to extend your payments up to 3 years, please set up a meeting with the Community Council.

If at the time my repayment obligation arises I am not eligible to receive per capita distributions from the Community, I agree to repay to the Community the entire amount of tuition assistance provided to me. If I am unable to repay the obligation in a lump sum, I agree to meet with the Education Committee for establishing a repayment plan. If I fail to repay the Community in whole or in part, I acknowledge that the Community has the legal right to use all lawful means for the collection of the debt.

Section 4.3 of the Lower Sioux Enrollment and Membership Privilege Ordinance States: Students. If a Qualified Member leaves the Community Area in order to attend, and actually does attend, an accredited post-high school educational institution as a full-time Student, then such member shall be deemed not to have removed his/her residency from the Community Area during the time such member was gone due to such attendance. However, if such member graduates from the educational institution, or otherwise ceases to attend such institution as a full-time student, and does not return to the Community Area and re-establish residency within sixty days thereafter, then such member shall be deemed to have removed his/her residency from the Community Area during the time such member was gone, and he/she shall be subject to loss of membership privileges under the terms of this ordinance.

Student/Member Print Name	Enrollment #	
Student/Member Signature	Date	
Tribal Council Representative (Print, Sign)	Date	
Education Committee Member (Print, Sign)	Date	