

**ATTENTION:** THE SJIS  
SCHOLARSHIP APPLICATION AND  
AWARD PROCESS WILL CHANGE  
AS OF FALL 2024.



## St. Joseph's Indian School

1301 North Main Street  
Chamberlain, SD 57325

[www.stjo.org](http://www.stjo.org)

Dear Scholarship Applicant:

Enclosed you will find your packet for the Spring Semester 2024; the application deadline is January 19<sup>th</sup>.

The following items are necessary to complete your scholarship application:

1. A request letter from the applicant to the SJIS Scholarship Committee.
2. A copy of the student's most recent transcript.
3. A letter of acceptance from the college or proof of enrollment (ex: class schedule).
4. Proof of tribal enrollment.
5. A financial statement completed and signed by your college financial aid officer outlining income, and other funding sources and expenses. **Please note that the applicant is required to complete the first page within the financial aid statement. Please provide your student identification (ID) number.**

The requested items are needed every fall and spring semester. If the items are not received by the application deadline, the application will be deemed incomplete and will not be reviewed by the scholarship committee.

The scholarship committee decision regarding awards will be made late January or early February. Scholarship checks will be sent directly to the college and notification of the award will be sent to the student.

Feel free to contact me with questions!

Sincerely yours,

**Krista Lepkowski**

*Alumni Relations, Scholarship Director*

St. Joseph's Indian School

1301 N Main Street

Chamberlain, SD 57325

(605) 234-3490 (office)

(605) 680-4182 (cell)

(605) 234-3390 (fax)

[krista.lepkowski@stjo.org](mailto:krista.lepkowski@stjo.org)



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**ST. JOSEPH'S INDIAN SCHOOL SCHOLARSHIP APPLICATION  
INITIAL REQUEST CHECK LIST (FIRST-TIME APPLICANT)**

**APPLICANT NAME:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**COLLEGE ID#:** \_\_\_\_\_

**SEMESTER: SPRING**

\_\_\_\_\_ Letter of request from the applicant.

\_\_\_\_\_ Have you ever attended SJIS (yes or no)? Years \_\_\_\_\_ Grad \_\_\_\_\_

\_\_\_\_\_ Proof of tribal enrollment.

\_\_\_\_\_ Copy of your college acceptance letter or class schedule.

\_\_\_\_\_ A financial information form completed and signed by the college financial aid officer outlining income and other funding sources and expenses.

\_\_\_\_\_ Copy of your most recent transcript or grade report (if currently attending college).

\_\_\_\_\_ Degree being pursued by the applicant & time frame to obtain degree.

\_\_\_\_\_ Are you be willing to 'give back' to SJIS? Example: visit our campus and talk to our students, etc.

\_\_\_\_\_  
Comments:

\_\_\_\_\_  
APPROVED \_\_\_\_\_ REJECTED

\_\_\_\_\_  
Signature (Scholarship Director)

\_\_\_\_\_  
Date



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**ST. JOSEPH'S INDIAN SCHOOL SCHOLARSHIP PROGRAM  
FINANCIAL INFORMATION FORM (3 PAGES): SPRING SEMESTER**

**APPLICANT COMPLETES PAGE 1**

**APPLICANT CONTACT INFORMATION**

**NAME:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_  
**ID #:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COLLEGE FINANCIAL AID CONTACT INFORMATION**

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**PHONE:** \_\_\_\_\_

**YEAR IN COLLEGE:** \_\_\_\_\_

**EXPECTED GRADUATION YEAR/SEMESTER:** \_\_\_\_\_

**DEGREE:** \_\_\_\_\_

**MAJOR/PROGRAM:** \_\_\_\_\_

***NOTE: THE FOLLOWING PAGES ARE TO BE COMPLETED AND SIGNED BY YOUR ATTENDING FINANCIAL AID OFFICE/OFFICER. THE COMPLETED SCHOLARSHIP APPLICATION IS DUE ON JANUARY 19<sup>TH</sup>. PLEASE INCLUDE THIS PAGE WITH YOUR FINANCIAL AID OFFICE REQUEST.***

STUDENT NAME AND ID #: \_\_\_\_\_

**FINANCIAL AID COMPLETES PAGES 2 AND 3**

FINANCIAL AID OFFICER: \_\_\_\_\_ PHONE: \_\_\_\_\_

**CURRENT GRANT & SCHOLARSHIP REQUEST:**

**EXPENSES (Projected):**

**SPRING SEMESTER**

Tuition and fees \$ \_\_\_\_\_

Room and board \$ \_\_\_\_\_

Books and supplies \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_

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

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL CURRENT STUDENT EXPENSES** \$ \_\_\_\_\_

**INCOME & OTHER FUNDING SOURCES:**

**SPRING SEMESTER**

**Pell grants** \$ \_\_\_\_\_

Student loans \$ \_\_\_\_\_

Tribal grant \$ \_\_\_\_\_

**Work study** \$ \_\_\_\_\_

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

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL OTHER SOURCES OF FUNDING** \$ \_\_\_\_\_

**ACTUAL SCHOLARSHIP REQUEST FROM  
ST. JOSEPH'S INDIAN SCHOOL**

**NEED**

\$ \_\_\_\_\_

\_\_\_\_\_  
**Signature of Financial Aid Officer (needed to verify the information on this form)**

Please mail, fax, or email this form along with the applicant information page to the SJIS Scholarship Committee. Fax: 605-234-3390. Email: [krista.lepkowski@stjo.org](mailto:krista.lepkowski@stjo.org).

**MAILING ADDRESS:  
ST. JOSEPH'S INDIAN SCHOOL  
SJIS SCHOLARSHIP COMMITTEE  
1301 NORTH MAIN STREET  
CHAMBERLAIN, SD 57325**

**STUDENT NAME AND ID #:** \_\_\_\_\_

**TERM OF AWARD: SPRING**

**APPLICANT'S TERM GPA OR CUMULATIVE GPA:** \_\_\_\_\_

**IS THE STUDENT FULL-TIME?**

**YES NO (CIRCLE)**

Note: If the award exceeds the student's expenses, the remaining funds **can be refunded directly to student**; this is a need based scholarship award.

If you have any questions, please do not hesitate to contact the alumni relations office via phone or email.

Thank you!

**Krista Lepkowski**

*Alumni Relations*

St. Joseph's Indian School

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Chamberlain, SD 57325

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**Applicants:** Your financial aid officer may need additional authorization in order to submit your information directly to the SJIS Scholarship Committee. Complete and submit this form to your financial aid officer if an authorization to release information form is required.

To Whom It May Concern:

I, \_\_\_\_\_ (applicant's name), authorize

\_\_\_\_\_ (college/institution name) to release my  
financial aid information to:

St. Joseph's Indian School (SJIS) Scholarship Committee  
1301 North Main Street  
Chamberlain, SD 57325

for the 2024 Spring Semester.

\_\_\_\_\_ (Applicant signature)

\_\_\_\_\_ (Financial aid officer signature)

\_\_\_\_\_ (Date)

Feel free to contact Krista Lepkowski with questions regarding the scholarship application.

### **Krista Lepkowski**

*Alumni Relations*

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