



St. Joseph's Indian School

PO Box 89
Chamberlain, SD 57325-0089
(605)234-3454 www.stjo.org

FAX 605-234-3483

Continued Funding Request Check List/Worksheet

NAME: _____

E-mail address _____

SEMESTER: _____ (Please check off the below list)

_____ A letter of request from the applicant.

_____ A copy of the student's most recent transcript or grade report

_____ A letter of acceptance from the institution or proof of enrollment (ie. Class Schedule).

_____ A Financial Information Form **completed and signed by the college Financial Aid Officer outlining income and other funding sources and expenses.**

_____ Would you be willing to 'give back' to St. Joseph's? (visit campus, talk to students, etc.)

.....
COMMENTS

.....
_____ APPROVED

_____ REJECTED

Signature (President)

Date



Summer _____

Dear Scholarship Recipient:

Enclosed you will find your packet for the fall semester .

The **deadline** for the **Fall Semester** request for funding is at the end of **August**. The following items are necessary to continue the process:

1. A request letter from the applicant.
2. A copy of the student's most recent transcript or grade report.
3. A letter of acceptance from the institution or proof of enrollment (ie Class Schedule).
4. A financial statement completed and signed by the college Financial Aid Officer outlining income and other funding sources and expenses.

These items need to be provided for each semester scholarship funds are being requested. If these items are not received the application will be deemed incomplete and will not be reviewed by the Scholarship Committee. The request needs to be complete before it will be reviewed.

The Scholarship Committee awards will be made by the end of **September**. Checks will be sent to the college and notification of the award will be sent to the student.

If you have any questions, please give me a call at 605-234-3454 or send me an e-mail at andy.lepkowski@stjo.org Our **fax # is 605-234-3483**.

Sincerely yours,

Andy Lepkowski
Alumni Associate
St. Joseph's Indian School
Chamberlain, SD 57325



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ST. JOSEPH'S INDIAN SCHOOL SCHOLARSHIP PROGRAM
Chamberlain, SD
FINANCIAL INFORMATION FORM: SEMESTER _____

ALL INFORMATION NEEDS TO BE COMPLETED AND SIGNED

To be filled out by the student

DATE: _____

INDIVIDUAL: _____ **PHONE:** _____

ADDRESS: _____

SCHOOL: _____ **PHONE:** _____

ADDRESS: _____

Which school year are you applying for scholarship: _____

What year of college are you in: _____

Expected graduation date: _____

Degree to be achieved: _____

Major(s): _____

Back side is to be filled out by the Financial Aid Office of the college you are attending. DUE: End of August.

To be filled out by the Financial Aid Office

Student name _____

FINANCIAL AID OFFICER: _____ PHONE: _____

CURRENT GRANT & SCHOLARSHIP REQUEST:

EXPENSES (Projected):

Fall / Spring Semester

Tuition & Fees \$ _____

Room & Board \$ _____

Books & Supplies \$ _____

Transportation \$ _____

Other: _____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL CURRENT STUDENT EXPENSES \$ _____

INCOME & OTHER FUNDING SOURCES:

Fall / 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**

\$ _____

Signature of Financial Aid Officer (This will verify the information on this form)

If you have any questions, please do not hesitate to call (605) 234-3454. Please complete all sections on **front and back** of this form. Scholarship applications received from students or graduates of St. Joseph's Indian School are given priority.

Please mail this form along with the other required documentation to the address provided below or **FAX to 605-234-3483**

**MAIL TO:
ST. JOSEPH'S INDIAN SCHOOL
SCHOLARSHIP
P.O. Box 89
CHAMBERLAIN, SD 57325**

Name of student:

Term of Award: _____

Fall Spring Summer
(Circle one)

This is a (Need Based Award):

GPA Requirement: 2.0

Term GPA or Cumulative _____

(If award exceeds, remaining need, can go directly to student).

Full Time Enrollment Required

Part Time

YES

NO

YES

NO

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Please mail this form along with the other required documentation to the address provided below or **FAX to 605-234-3483**

<p>MAIL TO: ST. JOSEPH'S INDIAN SCHOOL SCHOLARSHIP P.O. Box 89 CHAMBERLAIN, SD 57325</p>



St. Joseph's Indian School

Chamberlain, SD 57325

To whom it may concern:

I, _____ (Student's name), authorize

_____ (School's name), to release my Financial Aid

information to:

St. Joseph's Indian School Scholarship Program
PO Box 89, 1301 N. Main Street,
Chamberlain, SD 57325 – 9988
(1-605-234-3454)

For the upcoming semester. Fall Spring Summer (Circle one)

_____ (Student's signature)

_____ (Financial Aid Office - signature)

_____ (Date)

Sincerely,

Andrew S. Lepkowski
Alumni Liaison
St. Joseph's Indian School
1301 N. Main
Chamberlain, SD 57325
Phone: 605-234-3454
andy.lepkowski@stjo.org