

# SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS



## BIA HIGHER EDUCATION UNMET NEEDS GRANT CHECKLIST WINTER 2025

HIGHER EDUCATION  
2 ICE CIRCLE DRIVE  
SAULT STE. MARIE, MI 49783  
highereducation@saulttribe.net  
906-635-7784

**Instructions:** Student must complete and return this application with required attachments to the Higher Education Department. The only document not to be submitted with the application is the Financial Needs Analysis (FNA) form, which must be sent directly to the University/College's Financial Aid Office by the student. Student must complete top section of this form prior to sending. The school will then e-mail this form back directly to the Higher Education Department to complete the student's application packet. This form is only accepted by the Higher Education Department from the school. Student is responsible for following up with their Financial Aid Office to ensure FNA form has been submitted.

**Deadline: 02/14/25**

**This checklist must be returned with the application.**

### APPLICANT ELIGIBILITY VERIFICATION:

Enrolled Sault Tribe Member  
Undergraduate Student  
Enrolled Full-Time (12+ credits)  
Enrolled in an Accredited MI Public University/ College  
Completed FAFSA

### ATTACH THE FOLLOWING REQUIRED DOCUMENTS WITH SUBMISSION:

Application Including this Checklist  
Copy of Current Tribal Card  
Updated W-9 Form – **With student information and student signature**

### SEND FOLLOWING DOCUMENT DIRECTLY TO UNIVERSITY/ COLLEGE FINANCIAL AID OFFICE:

Financial Needs Analysis Form (FNA)

**Please e-mail attachments as one PDF document to [highereducation@saulttribe.net](mailto:highereducation@saulttribe.net)  
by 02/14/25 at 11:59 p.m. - Zip files will not be accepted.**

**SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS**



**BIA HIGHER EDUCATION  
UNMET NEEDS GRANT APPLICATION  
WINTER 2025**

**HIGHER EDUCATION**  
2 ICE CIRCLE DRIVE  
SAULT STE. MARIE, MI 49783  
highereducation@saulttribe.net  
906-635-7784

**Deadline: 02/14/25**

**STUDENT INFORMATION**

First Name Middle Initial Last Name (Maiden)

Street Address City State Zip

Cell Phone Home Phone Tribal File (Red) #

Personal Email School Issued Email

**COLLEGE/ UNIVERSITY INFORMATION**

College/University Phone

Street Address City State Zip

Degree Class Level - Fr, Soph, Jr, Sr Number of Credits - Fall 2024 Only

Major (Minor, if applicable) Student ID #

**CONSENT AND RELEASE OF INFORMATION**

I certify the above information is true and complete to the best of my knowledge. I authorize the educational institution listed above to provide the Sault Ste. Marie Tribe of Chippewa Indians with information to coordinate financial assistance. Such information includes budget, financial aid, cost of attendance, enrollment status, GPA, Michigan Indian Tuition Waiver status, and information collected from my FAFSA.

Signature

Date

**SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS**



**HIGHER EDUCATION**  
 2 ICE CIRCLE DRIVE  
 SAULT STE. MARIE, MI 49783  
 highereducation@saulttribe.net  
 906-635-7784

**BIA HIGHER EDUCATION  
 UNMET NEEDS GRANTS  
 FINANCIAL NEEDS  
 ANALYSIS WINTER 2025**

**Deadline: 02/14/25**

Instructions: Student must complete the top section of this form and then send directly to the University/ College’s Financial Aid Office. The school Financial Aid Office will e-mail form directly to the Higher Education Department. Forms from the student will not be accepted. It is the student’s responsibility to follow-up with their Financial Aid Office to ensure submission.

**TO BE COMPLETED BY STUDENT:**

<i>Student Name</i>	<i>Student ID #</i>	<i>Birthdate</i>
<i>Signature (Required)</i>	<i>Date</i>	

I authorize the Sault Tribe Higher Education Department and the below-named school to exchange financial, academic, and other information to further my assistance in this program.

**TO BE COMPLETED BY THE FINANCIAL AID OFFICE:**

<input type="checkbox"/> <i>Dependent</i>	<input type="checkbox"/> <i>Independent</i>	<b># Winter 2025 Credits (Not cumulative)</b> _____
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*FAFSA Submitted*

**Student Expenses (Actual)**

**Resources**

<i>Tuition</i>		<i>Tuition Waiver</i>		<i>MI Expansion</i>	
<i>Fees</i>		<i>Pell Grant</i>		<i>MI Reconnect</i>	
<i>Room/Board</i>		<i>FSEOG</i>		<i>Other</i>	
<i>Books/Supplies</i>		<i>Grant(s)</i>		<i>Other</i>	
		<i>Scholarship(s)</i>			
		<i>Loan(s)</i>		<b>Total</b>	
		<i>TIP</i>		<b>Expected Family Contribution (EFC)</b>	
<b>Total</b>		<i>MCCG</i>			

I certify that the financial need and amounts of institution-administered financial aid offered to the above student follow current applicable rules and regulations governing Federal, State, and this institution’s financial aid policies and procedures.

<i>Printed Name – Financial Aid Officer</i>	<i>Signature</i>	<i>Date</i>
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<i>College/University</i>	<i>E-mail Address</i>	<i>Phone</i>
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# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the  
requester. Do not  
send to the IRS.

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2 Business name/disregarded entity name, if different from above.		
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____		Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>		(Applies to accounts maintained outside the United States.)
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	6 City, state, and ZIP code		
7 List account number(s) here (optional)			

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>									
<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
<b>OR</b>									
<b>Employer identification number</b>									
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**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
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