



**SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS  
TRIBAL EDUCATION DEPARTMENT (TED)  
SCHOLARSHIP - FALL 2024**

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**REQUIRED DOCUMENTS**

1. **Completed Application**; Incomplete applications will not be accepted.
2. **Completed Survey**; New and returning applicants must complete a survey. All questions must be answered.
3. Copy of Student's **Tribal Card**; Ensure card is not expired.
4. Completed **W-9 Form**; Every applicant must submit an updated W9.
5. Copy of **Transcript** or **Class Schedule**; Must include proof of Fall 2024 enrollment, student name and name of school.

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This one-time funding scholarship opportunity is funded through the Bureau of Indian Education (BIE) through a grant received by the Sault Ste. Marie Tribe of Chippewa Indians. The Sault Tribe will determine eligibility on a first come first serve basis. Approvals, denials and requests for more information are sent via email. After submitting your request, please check your email periodically for updates. Funding is available to full and part-time college/vocational students anywhere in the U.S. Must be an enrolled Sault Tribe member.

**The application deadline is January 3, 2025.**

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**Email ALL documentation as one PDF (application and all attachments) to:**

**[education@saulttribe.net](mailto:education@saulttribe.net)**

For more information, email [education@saulttribe.net](mailto:education@saulttribe.net) or call (906) 632-6797.  
Zip Files will not be accepted.



**SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS  
 TRIBAL EDUCATION DEPARTMENT  
 (TED) SCHOLARSHIP APPLICATION  
 FALL SEMESTER 2024**

**SECTION I-APPLICANT INFORMATION**

Applicant Name					
Address					
City		State		Zip Code	
County			Phone		
Email Address					

**SECTION II-COLLEGE/UNIVERSITY INFORMATION**

College/University/School Name					
Type of Degree	<input type="checkbox"/> Certificate	<input type="checkbox"/> Associates	<input type="checkbox"/> Bachelors	<input type="checkbox"/> Masters	
	<input type="checkbox"/> Law	<input type="checkbox"/> Medical	<input type="checkbox"/> Trade	Other:	
Major/Minor					
Anticipated Graduation Date					
How do you attend school	<input type="checkbox"/> In-person	<input type="checkbox"/> Online	<input type="checkbox"/> Hybrid (both online & in-person)		

If I no longer meet the scholarship eligibility specifications for my Fall, 2024 award, I agree to return the entire amount of my scholarship to the Sault Tribe Education Department. By signing below, I acknowledge that I accept this award and agree to the terms and conditions thereof, and further, I consent to the use of my name, likeness, biographical information, and voice in advertising worldwide without additional compensation. I am aware that this information may be shared with the school I am attending, the Bureau of Indian Education (BIE), and the Sault Ste. Marie Tribe of Chippewa Indians. I also do hereby give my authorization for my school to release my financial aid information and my grade reports or transcripts to the Sault Ste. Marie Tribe of Chippewa Indians Higher Education Department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**SECTION III-SURVEY (SELECT ALL THAT APPLY)  
Must be completed for first-time recipients.**

1) Why did you choose your current college/university/trade school?

- |   |   |
|---|---|
| <input type="checkbox"/> Academic Offerings   | <input type="checkbox"/> Grants Offered |
| <input type="checkbox"/> Affordability        | <input type="checkbox"/> Close to Home  |
| <input type="checkbox"/> Scholarships Offered | <input type="checkbox"/> Other          |

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

2) How often do you worry about the following?

Very Often      Often      Sometimes      Never

	Very Often	Often	Sometimes	Never
Doing well academically in college				
Paying bills (tuition, books, etc.)				
Meeting the expectations of others				
Balancing class, social, family, and other life responsibilities				
Maintaining mental health and well-being				

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

3) How many hours per week, on average, do you plan to spend on the following activities while pursuing higher education?

0      1-5      6-10      11-15      16-20      21-25      26+  
hours    hours    hours    hours    hours    hours    hours

	0 hours	1-5 hours	6-10 hours	11-15 hours	16-20 hours	21-25 hours	26+ hours
Studying, doing homework, or preparing for classes							
Extracurricular activities (sports, music, drama, media, clubs, organizations, etc.)							
Working for pay							
Volunteering							

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



**SECTION III-SURVEY CONTINUED (SELECT ALL THAT APPLY)**

4) What challenges have you faced while attaining higher education?

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Time        | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Finances    | <input type="checkbox"/> Environment    |
| <input type="checkbox"/> Focus       | <input type="checkbox"/> Home Sick      |
| <input type="checkbox"/> Course Load | <input type="checkbox"/> Housing        |
| <input type="checkbox"/> Interest    | <input type="checkbox"/> Other          |

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

\_\_\_\_\_

5) What resource(s) will be utilized to finance your higher education?

- |  |  |
|--|--|
| <input type="checkbox"/> Self-Pay          | <input type="checkbox"/> Other Grants      |
| <input type="checkbox"/> Family Assistance | <input type="checkbox"/> Student Loans     |
| <input type="checkbox"/> Tuition Waiver    | <input type="checkbox"/> Parent Plus Loans |
| <input type="checkbox"/> Scholarships      | <input type="checkbox"/> Work Study        |
| <input type="checkbox"/> Pell Grants       | <input type="checkbox"/> Other             |

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

\_\_\_\_\_

6) What educational expenses will this scholarship help fund?

- |   |  |
|---|--|
| <input type="checkbox"/> Housing        | <input type="checkbox"/> Books           |
| <input type="checkbox"/> Tuition        | <input type="checkbox"/> School Supplies |
| <input type="checkbox"/> Fees           | <input type="checkbox"/> Other           |
| <input type="checkbox"/> Transportation |  |

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

\_\_\_\_\_

7) Does your campus have a Native American Center/Organization?

- |  |  |
|--|--|
| <input type="checkbox"/> Yes, I utilize the services                 | <input type="checkbox"/> Services not available  |
| <input type="checkbox"/> Yes, but I have never utilized the services | <input type="checkbox"/> Not interested in using |
| <input type="checkbox"/> I am unaware                                |  |

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

\_\_\_\_\_



**SECTION III-SURVEY CONTINUED (SELECT ALL THAT APPLY)**

8) What are your career goals?

- |  |   |
|--|---|
| <input type="checkbox"/> Advancement Opportunities | <input type="checkbox"/> Intellectual Challenge |
| <input type="checkbox"/> Competitive Salary        | <input type="checkbox"/> Self-Employment        |
| <input type="checkbox"/> Business Travel           | <input type="checkbox"/> Professional Career    |
| <input type="checkbox"/> Creativity                | <input type="checkbox"/> Other                  |

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

9) What benefits do you look for in an employer?

- |   |   |
|---|---|
| <input type="checkbox"/> Insurance (Health, Dental, Life, etc.) | <input type="checkbox"/> Student Loan Repayment |
| <input type="checkbox"/> Retirement/401K                        | <input type="checkbox"/> Tuition Assistance     |
| <input type="checkbox"/> Remote/Hybrid Work                     | <input type="checkbox"/> Paid Time Off          |
| <input type="checkbox"/> Professional Development               | <input type="checkbox"/> Other                  |

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

10) What location do you look for when job searching?

- |  |   |
|--|---|
| <input type="checkbox"/> Large City    | <input type="checkbox"/> Out of Country |
| <input type="checkbox"/> Rural Town    | <input type="checkbox"/> Remote Work    |
| <input type="checkbox"/> Close to Home | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Out of State  |   |

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

11) How will you use your education to impact your Native Community/Nation or Indian Country?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

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

Print or type.  
See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
<b>2</b> Business name/disregarded entity name, if different from above
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____
<input type="checkbox"/> Other (see Instructions) ▶ _____
<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
<b>5</b> Address (number, street, and apt. or suite no.) See instructions.
Requester's name and address (optional)
<b>6</b> City, state, and ZIP code
<b>7</b> 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.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>
[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]
<b>OR</b>
<b>Employer identification number</b>
[ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

### 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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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.