SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS

BIA HIGHER EDUCATION UNMET NEEDS GRANT CHECKLIST FALL, 2026

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

INSTRUCTIONS: **This checklist MUST be returned with the application. Please read instructions carefully.**

- Student must complete and return this application with required attachments to the Higher Education Department.
- The only document that should not be submitted by the student to Higher Education is the Financial Needs Analysis (FNA) form. This form should be sent directly to the university /college's Financial Aid Office by the student. Prior to sending to the school, students must complete and sign section I of the form.
- The school will e-mail the FNA 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: 9/11/2026

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** (Must include student's signature)

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

- ☐ **Financial Needs Analysis Form (FNA)**

Please e-mail application and all required attachments except the FNA form to highereducation@saulttribe.net by 09/11/2026 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 FALL, 2026

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

Deadline: 09/11/2026

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 | High School Graduation Date
*Ineligible if currently enrolled in HS.

COLLEGE/ UNIVERSITY INFORMATION

College/University | Phone

Street Address | City | State | Zip

Associates

Degree | Class Level - Fr, Soph, Jr, Sr | Number of Credits - Fall, 2026 **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 NEED ANALYSIS - FALL, 2026

Deadline: 09/11/2026

INSTRUCTIONS

- Students must complete the top section of this form and then send directly to 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 by Higher Education.
- It is the student's responsibility to follow-up with their Financial Aid Office to ensure submission to Higher Education.

SECTION I - TO BE COMPLETED BY STUDENT:

Student Name _____ *Student ID #* _____ *Birthdate* _____

Signature (Required) _____ *Date* _____

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.

SECTION II - TO BE COMPLETED BY THE FINANCIAL AID OFFICE:

☐ *Dependent*
☐ *Independent*

 # Fall, 2026 Credits (Not cumulative) _____

☐ *FAFSA Submitted*

Expenses and Resources for Fall, 2026 ONLY

Student Expenses (Actual) (Fall, 2026 ONLY)		**Resources (Fall, 2026 ONLY)**			
Tuition Waiver		Tuition Waiver		MI Expansion	
Fees		Pell Grant		MI Reconnect	
Room/Board		FSEOG		Other	
Books/Supplies		Grant(s)		Other	
		Scholarship(s)			
		Loan(s)		**Total**	
		TIP			
		MCCG		**Student Aid Index (SAI)**	
Total					

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.

Printed Name – Financial Aid Officer _____ *Signature* _____ *Date* _____

College/University _____ *E-mail Address* _____ *Phone* _____

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *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 **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____

Note: 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.

☐ Other (see instructions) _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____

(Applies to accounts maintained outside the United States.)

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 ☐

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.

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.

Social security number

			–			–				

or

Employer identification number

		–							

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.

Sign Here | **Signature of U.S. person** _____ **Date** _____

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*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they