

MONTANA UNIVERSITY SYSTEM APPLICATION American Indian Undergraduate Tuition Waiver

<u>QUALIFICATIONS</u>: You may qualify for the American Indian Tuition Waiver if you meet the following criteria:

- You are a resident of the State of Montana (per BOR Policy 940.1) and are attending a MUS qualifying campus.
- You are at least one-quarter (1/4) degree Indian blood; or are an enrolled member of a state or federally recognized Indian tribe which is located within the boundaries of the State of Montana. Accepted documentation as follows: CIB (Certificate of Indian Blood) letter or card; Tribal Enrollment Card; Form letter(s) documenting descendency that equals ¼ or more; and Document of parent (grandparent) enrollment and/or degree of blood.
- You have demonstrated financial need as defined by the Board of Regents Policy 940.13 (F) (4) and verified by completing the Free Application for Federal Student Aid (FAFSA). You must complete and submit the FAFSA **each** academic year you are requesting this fee waiver.

STATE RECOGNIZED TRIBES LOCATED WITHIN THE BOUNDARIES OF MONTANA:

Assiniboine	Little Shell Chippewa	Kootenai
Northern Cheyenne	Chippewa	Blackfeet
Crow	Cree	Pend d'Oreille
Sioux	Salish	Gros Ventre

FEDERALLY RECOGNIZED TRIBES: https://www.ncsl.org/research/state-tribal-institute/list-of-federal-and-state-recognized-tribes.aspx#mt

LIMITATIONS:

- This waiver does not waive any fees. Payment of fees is the responsibility of the student.
- This waiver cannot be used with other tuition waivers.
- This waiver can only be used towards undergraduate tuition.
- To utilize this waiver, you must notify the Financial Aid Office no later than the <u>third week of the semester</u> that you wish to begin utilizing this waiver **RETROACTIVE AWARDS ARE NOT MADE FOR PREVIOUS SEMESTER(S)**
- To continue to receive this waiver, you must maintain Satisfactory Academic Progress (SAP) as defined by your campus.

Name:						
	First	Middle		Last		
Address:			City:	State:	Zip:	
Phone:		Email:				
Name of Tribe (print):					
ribal Enrollme	nt Number:		_			
Address:			City:	State:	Zip:	
Phone:		Email or Website:			-	
certify the info	rmation provide	ed in this application is ac	curate and	complete to the best of m	y knowledge.	
Signature		Date	Date		Social Security Number or Student ID	
Once this for				YOUR CAMPUS FINANCIAL		
		ampus and you continue to	meet the red	quirements listed above.	, 	
		If you have questions	, please cal	1-800-537-7508.		
		PROOF OF INDIAN DESCEN	IT MUST ACC	OMPANY THIS FORM		
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