Application for
Montana University System
American Indian Undergraduate Tuition Waiver

QUALIFICATIONS:

You may qualify for the American Indian tuition waiver if you meet the following criteria:

- You are a resident of the State of Montana when you enroll in one of the two or four year colleges of the Montana University System, and
- You are at least one-quarter (1/4) degree of 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 equal ¼ or more; and Document of parent (grandparent) enrollment and/or degree of blood, and
- You have demonstrated financial need as defined by 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
- Blackfeet
- Chippewa Cree
- Crow
- Gros Ventre
- Kootenai
- Little Shell Chippewa
- Northern Cheyenne
- Pend d'Oreille
- Salish
- Sioux

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

LIMITATIONS:

- The American Indian tuition waiver **does not waive any fees.** Fees not covered by this waiver are your responsibility.
- This waiver cannot be used with other state tuition waivers.
- Tuition waivers will continue as long as you maintain satisfactory academic progress according to the standards detailed in the brochure or guide provided by the Financial Aid Office at the college you attend.

Name:_____ Tribal Enrollment: Number_____

Address:_____ City:_____ State:_____ Zip:_____

Telephone:_____ Email:_____

Name of Your Tribe (print): _____

Address:_____ City:_____ State:_____ Zip:_____

Telephone:_____ Email or Website:_____ _____

_____ _____ _____

Signature Date Social Security Number or Student ID

SUBMIT THIS FORM AND DOCUMENTATION TO YOUR CAMPUS FINANCIAL AID OFFICE

Once this form is completed and approved, you do not need to complete it again, as long as you remain continuously enrolled at this campus and you maintain satisfactory academic progress.

If you have questions, please call 406-449-9131

PROOF OF INDIAN DESCENT MUST ACCOMPANY THIS FORM