



Application for DCC American Indian Tuition Waiver

Financial Aid Office
PO Box 421
Glendive, MT 59330
Phone: (406) 377-9410
Fax: (406) 377-8132

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 (birth certificate) 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 fees**, only the tuition is waived. 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 D16
DCC Student ID

SUBMIT THIS FORM AND DOCUMENTATION TO YOUR CAMPUS FINANCIAL AID OFFICE

PROOF OF INDIAN DESCENT MUST ACCOMPANY THIS FORM