

Standing Rock Tribal Department of Education (SRTDE): Dual Credit Assistance Application

Standing Rock Tribal Department of Education (SRTDE) is accepting applications from eligible students for financial assistance to pay for Dual Credit courses. Funding may be limited. Applications will be considered by date submitted. Students must submit for pre-approval before registering for classes. Approved students may receive assistance for up to six (6) credits per academic semester for tuition, books, and fees. Students may not receive assistance to retake a course.

To be eligible, a student must:

- Be a current sophomore, junior or senior
- Receive authorization from high school to take approved dual credit course
- Submit application for assistance to SRTDE during the course enrollment process.
- Must submit documentation proving enrollment in Standing Rock Sioux Tribe.

Mailing address: Standing Rock Tribal Department of Education  
PO Box D  
Fort Yates, ND 58538

Additional Information: **Director** Phone: (701)-854-7525 or 8545  
Email: [ejblueearth@standingrock.org](mailto:ejblueearth@standingrock.org)  
**Scholarship Manager** Phone: (701)-854-8545 or 8546  
Email: [cironeyes@standingrock.org](mailto:cironeyes@standingrock.org)

After applications are received at SRTDE, student will be sent notification of approval or denial for assistance. The college will be notified to bill SRTDE directly for tuition, books, and fees. All assistance will be paid directly to the college. In the event of an overpayment to the college, any funds will be returned to SRTDE. Assistance is not a loan; you will not be asked to repay funds.

**STUDENT INFORMATION** (please print)

Student's Legal Name (Last, First, Middle Initial)		Social Security #	
Mailing Address		City	State ZIP
Email Address		Student's Telephone # (include area code)	
Date of Birth (mm/dd/yyyy)	Gender ___ Male ___ Female	Year in School (grade when class is taken) Junior Senior	
Parent/Guardian Signature		Date (mm/dd/yyyy)	
Student Signature		Date (mm/dd/yyyy)	

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**COURSE 1:**

High School Course Title	College Course Title
High School State Course Code Number (MIS03)	College Course # and Credits Course Number _____ Credits _____
Name of Attending High School	Name of College/University Where Credit is Earned
Mailing Address	Mailing Address
City, State, ZIP	City, State, ZIP
School Semester Course is Taken (check one) ___ Fall ___ Spring ___ Summer	School Year <b>Course</b> is Taken (example 2018-2019)
Signature of VP of Operations or Designee	Date Signed by VP of Operations or Designee

**COURSE 2:**

High School Course Title	College Course Title
High School State Course Code Number (MIS03)	College Course # and Credits Course Number _____ Credits _____
Name of Attending High School	Name of College/University Where Credit is Earned
Mailing Address	Mailing Address
City, State, ZIP	City, State, ZIP
School Semester Course is Taken (check one) ___ Fall ___ Spring ___ Summer	School Year <b>Course</b> is Taken (example 2018-2019)
Signature of VP of Operations or Designee	Date Signed by VP of Operations or Designee

**TO BE COMPLETED BY HIGH SCHOOL OFFICIAL:**

Superintendent or Designee Name (please print)	Telephone Number (include area code)
Signature of Superintendent or Designee	Date Signed (mm/dd/yyyy)