



Nueta Hidatsa Sahnish College  
 Students Accounts  
 Po Box 490/ 220 8<sup>th</sup> Ave N  
 New Town ND 58763  
 Office: (701)627-8060  
 Fax: (701)627-3609

## NHSC Tuition Waiver Application

**Student Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Permanent Mailing Address:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Authorized Contact Person Name** (i.e. Parent, Guardian, and Spouse): \_\_\_\_\_

**Contact Person Phone:** \_\_\_\_\_

**School Year & Term for Waiver:** \_\_\_\_\_

**NHSC Classification:** (please check one)

\_\_\_\_\_  New Student \_\_\_\_\_  Returning to NHSC  
 \_\_\_\_\_  Transfer Student \_\_\_\_\_  Non- Degree Seeking Student

**Academic Major/Program:** \_\_\_\_\_

**Have you attended a ND tribal college:** Yes No **If yes, Degree Earned:** \_\_\_\_\_

**Name of College:** \_\_\_\_\_ **Dates Attended:** \_\_\_\_\_

**Reason for Requesting Tuition Waver:**

\_\_\_\_\_ **Employee Family** -Must provide documentation of family relationship

\_\_\_\_\_ **Board of Directors' Family**-Must provide documentation of family relationship

\_\_\_\_\_ **Employee**-Must have supervisor's approval

\_\_\_\_\_ **Enrolled Member 1<sup>st</sup> Time HS Graduate**-Must provide proof of graduation

\_\_\_\_\_ **GED**-Must be NHSC GED Graduate and attending NHSC as first college

\_\_\_\_\_ **Elder**-must be at least 55 years of age and provide a copy of your **photo ID**

\_\_\_\_\_ **Athletic**-Must be approved by NHSC Athletics

*I attest the above information is true and correct to the best of my knowledge I understand that any false information can result in the loss of the tuition waiver at any time. Please note that the completion of this form does not guarantee approval of the tuition waiver. All submitted waivers must be considered for approval. \*\* You must attach a personal request for consideration and all other supporting documentation for this application to be complete.*

**Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Financial Aid:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Business Office:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Athletic Director:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*\*\*All applicants must complete the online FAFSA application\*\***