



CANKDESKA CIKANA
COMMUNITY COLLEGE

Spirit Lake Tribe

Cankdeska Cikana Community College

P.O. Box 269

Fort Totten, ND 58335

Phone: (701) 766-1122

Application 2020-2021



I. PERSONAL INFORMATION

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: Home: _____ Cell: _____ Work: _____

Email Address: _____

Date of Birth: _____ SSN: _____

Emergency Contact (someone who will always know how to reach you)

Name: _____ Phone: _____

Address: _____ Relationship to you: _____

(Please check appropriate response)

Gender: Male Female Marital Status: Single Married Number of Children: _____

U. S. Citizen: Yes No Veteran: Yes No Referred By: Faculty Staff Friend Self

Race: Native American/Alaskan Native Black (Non-Hispanic) White (Non-Hispanic)

Asian/Pacific Islander Hispanic Other

II. ACADEMIC INFORMATION

High School Graduate: Yes No School: _____ Year: _____

If no, year obtained GED: _____

Cankdeska Cikana Community College Admission Date: _____ Student ID: _____

Degree toward which you are working: _____

If you are returning to CCCC or transferring from another college:

Starting date at first college attended: _____ Other college(s) attended: _____

Are you on academic probation? Yes No

How many credits do you currently have? _____ What is your current Grade Point Average? _____

Have you applied for financial assistance? Yes No

If no, explain: _____

III. PROGRAM ELIGIBILITY VERIFICATION

Please check every category that applies to you.

First Generation

I certify that I am a first-generation college student. Neither of my natural or adoptive parents with whom I currently reside or with whom I resided with prior to my 18th birthday, have received a bachelor's degree.

Highest grade completed: Mother _____ Father _____

Low Income

I certify that my or my family's taxable income did not exceed 150% of the poverty level.

Federal TRIO Programs Annual Low Income Levels

Size of Family Unit	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$19,140	\$23,925	\$22,020
2	\$25,860	\$32,325	\$29,745
3	\$32,580	\$40,725	\$37,470
4	\$39,300	\$49,125	\$45,195
5	\$46,020	\$57,525	\$52,920
6	\$52,740	\$65,925	\$60,645
7	\$59,460	\$74,325	\$68,370
8	\$66,180	\$82,725	\$76,095
For each additional person, add	\$6,720	\$8,400	\$7,725

Family's total yearly taxable income: _____ Family Size: _____

Disabled

I certify that I have been diagnosed as having a physical or mental impairment that substantially limits my ability to participate in educational experiences or opportunities.

** This application will not be considered without documentation of disability.*

Signature: _____ Date: _____

IV. RELEASE OF INFORMATION

I hereby grant permission to Student Support Services to secure or release the necessary information pertinent to my participation in the project, including transcripts, evidence of financial aid, attendance records, and other documents. I understand my responsibility to utilize and participate in program services to meet individual goals and objectives.

Signature: _____ Date: _____