

**American Indian Student Services
INTAKE FORM**

Last Name: _____ First Name: _____

Social Security Number: _____ Student ID Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Date of Birth: _____

Tribal Affiliation: _____
(What Nation or Tribal Community?)

Enrolled ___ Descendant ___ Heritage ___

Highest Grade Completed: _____

High School Diploma GED Transfer: _____ Degree: _____

Have you applied for a scholarship through:

- Tribe
- AIC
- Campus/Financial Aid
- Minnesota Indian Scholarship

Are you aware of scholarship opportunities? Yes ___ No ___

Would you like to volunteer at AIC? Yes ___ No ___

Education/Employment Goals: _____

Credits Attempted/Earned: _____

Major area of study: _____ Undeclared: _____

Do you qualify for Workstudy? Yes ___ No ___

Are you available or looking for employment? Yes ___ No ___

Number of hours you could work: _____

Signature: _____ Date: _____