

MILLE LACS BAND SCHOLARSHIP PROGRAM

HIGHER EDUCATION APPLICATION

Phone 1-800-709-6445 Mail: 43408 Oodena Dr, Onamia MN 56359 Fax 320-532-7826

TO BE COMPLETED BY APPLICANT - PLEASE PRINT **CLEARLY AND LEGIBLY** IN BLUE OR BLACK INK

PLEASE CHECK SEMESTERS/QUARTERS _____ FALL _____ WINTER _____ SPRING _____ SUMMER

LAST NAME FIRST NAME MIDDLE MAIDEN

STREET ADDRESS APT# CITY STATE ZIP CODE

DATE OF BIRTH SOCIAL SECURITY NUMBER TELEPHONE NUMBER MLB ENROLLMENT #

MOTHERS FULL NAME TRIBAL AFFILIATION ENROLLMENT #

FATHERS FULL NAME TRIBAL AFFILIATION ENROLLMENT #

INSTITUTION NAME/ADDRESS CITY STATE CONTACT NAME/TELEPHONE #

MAJOR/MINOR CREDITS EARNED FULL/PART TIME EMAIL ADDRESS

PERMISSION FOR RELEASE OF INFORMATION & UNDERSTANDING OF MLBSP GUIDELINES

I have read the MLBSP guidelines governing Higher Education and I agree to abide by the regulations set forth as prescribed. I give permission to my institution of higher learning and other funding sources to share with the MLBSP information pertaining my financial aid, academic records and student accounts. Further, I authorize the MLBSP to obtain my tribal enrollment status. I declare that the information given in this application is true, accurate complete.

Applicant Signature

Date

Current Academic Year Start Date

TRIBAL ENROLLMENT OFFICE USE ONLY (APPLICANTS DO NOT WRITE BELOW THIS LINE)

APPLICANT ENROLLED ? _____ APPLICANTS BIOLOGICAL PARENT ENROLLED? _____

Applicant enrollment #/Blood Quantum _____ Parents enrollment #/Blood Quantum _____

Comments:

I certify that the applicant/parent is an enrolled member of the Mille Lacs Band of Ojibwe and that the enrollment number(s) provided on this application is correct.

Tribal Enrollment Officer Signature

Date