



*Department of Higher Education*  
*Mille Lacs Band of Ojibwe*

*Commissioner of Education*  
*Suzanne Wise*

*Higher Education Director*  
*Camille Naslund*

Authorization and Agreement Terms

Please sign and return to Mille Lacs Band Higher Education Office

I, \_\_\_\_\_, the student, have read and understand the policies of the Mille Lacs Band Scholarship Program. I agree to abide by all the policies governing the Mille Lacs Band Scholarship Program.

I understand that should my academic performance be less than the minimum requirements of a Fulltime/Part-time student, I risk Trial Quarter/Semester and/or Academic Probation from the Mille Lacs Band Scholarship Program.

I understand that it is my responsibility to submit my grades and/or transcripts at the end of each term of attendance for which I received educational financial assistance from the Mille Lacs Band Scholarship Program.

I agree to take full responsibility for my academic achievements and progress as well as all costs incurred relating to my academic career which is beyond the amount I may be awarded by the Mille Lacs Band Scholarship Program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Rec'd (Office Use Only)