

MILLE LACS BAND HIGHER EDUCATION PROGRAM
EDUCATIONAL ENRICHMENT PROGRAM
APPLICATION

Phone: (866) 916-5282
Phone: (320) 495-3702

Mail to: 43408 Oodena Drive
Onamia, MN 56359

Fax: (320) 495-3707

Last Name:	First Name:	Middle Name or Initial:	Maiden Names(s) (if applicable):
Street Address:	Apartment#:	City:	State: Zip Code:
Date of Birth:	Social Security Number:	Telephone Number (include area code):	
If You are a Mille Lacs Band Member, list your Enrollment Number (If you are not enrolled, put N/A):			
If you are not a Mille Lacs Band Member, list Enrolled Parent's name and their Enrollment Number :			
Organization Name/Address (to which funds will be applied):		Organization Contact Phone Number:	
Class or Activity Description:	Start Date:	Length of Class or Activity:	Amount \$ Requested:
			\$
Describe how your participation will benefit you (attach additional paper if necessary):			

HIGHER EDUCATION OFFICE USE ONLY
(APPLICANTS: DO NOT WRITE BELOW THIS LINE)

Is Applicant an Enrolled Member: YES NO
 Is Applicant's Biological Parent an Enrolled Member: YES NO

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 are correct.

 Higher Education Office Signature

 Date