

MILLE LACS BAND HIGHER EDUCATION PROGRAM
EDUCATIONAL ENRICHMENT PROGRAM
VERIFICATION OF COMPLETION FORM

For submission upon completion of an Educational Enrichment Activity/Class

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

Mail: 43408 Oodena Drive
Onamia, MN 56359

Fax: (320) 495-3707

A. Basic Information: *To be completed by applicant*

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 :			
Activity/Class Description:			

B. Completion Information: *To be completed by representative for class/activity attended*

<p>The above named applicant requested funds to attend an activity/class with your organization. This request is to verify the applicant attended and completed successfully.</p> <p>PLEASE RETURN COMPLETED FORM TO THE HIGHER EDUCATION OFFICE.</p>	
<p>1. Has applicant completed the activity/class successfully?</p> <p>Please list date of completion.</p>	
<p>2. Do you have any comments/concerns you would like to share about the applicant and their participation?</p>	
<p>_____</p> <p>Authorizing Representative – Print Name</p>	<p>_____</p> <p>Date</p>
<p>_____</p> <p>Signature of Authorizing Representative</p>	<p>(____)_____</p> <p>Telephone Number</p>