



Grand Portage Scholarship Program Application Form

Instructions: This form must be completed by the student upon initial application to the scholarship program, AND at the beginning of each new academic term (quarter, semester, etc...) Return this form to: Grand Portage Scholarship Program, P.O. Box 428, Grand Portage, MN 55605 or by fax to: (218) 475-2531.

Type of Application				Academic Term Applying for			
<input type="checkbox"/> New (Never Applied)				School Year: _____ <input type="checkbox"/> Fall <input type="checkbox"/> Summer I (starts before 6/30) <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer II (starts after 7/1)			
<input type="checkbox"/> Continuing (Have applied in the last 24 months)							
<input type="checkbox"/> Transfer (Changing Schools or Programs)							
<input type="checkbox"/> Returning (Have not applied in the last 24 months)							
Personal/Contact Information							
Name (Last, First Middle)			Date of Birth	Social Security Number		Please List ALL (including maiden) names that you have used	
Home Address			City	State	Zip	Phone Number(s)	
Mailing Address (if different)			City	State	Zip	E-mail Address	
Tribal Affiliation		<input type="checkbox"/> Enrolled <input type="checkbox"/> Descendant	Father's Full Name & Tribal Enrollment			Mother's Maiden Name & Tribal Enrollment	
Academic Information							
Higher Education Institution Attending			I will be attending <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Degree/Program (i.e. AA, BA, MA, etc...)		Program Length
Major(s)		Minor(s)		Credits Required for graduation		Credits Completed	Expected Graduation Date
Current Term Course Registration – list all courses for which you are currently registered							
Course Name and Number				Credit Value		Start Date	End Date
Future Education Plan – list all courses which you plan to take over the next two academic terms							
Course Name and Number				Credit Value		Start Date	End Date

Would you be willing to come to Grand Portage to use the skills you acquired in school to give back to the community?
 YES NO MAYBE If so, what time of year and for how long? _____

I have read and understand the Grand Portage Scholarship Program's Policies and Procedures for Direct Descendants. I agree to comply with all Policies and Procedures set forth by the Grand Portage Scholarship Program, the Grand Portage Scholarship Committee and the Reservation Tribal Council. I agree to take full responsibility for my academic achievements and shortcomings, and agree to repay to the Grand Portage Scholarship Program any monies that I received while out of compliance, as outlined in the Grand Portage Scholarship Program Policies and Procedures. I hereby certify that all of the information contained in this form is true and complete to the best of my knowledge.

Student I.D. # _____ Print Name _____ Signature _____ Date _____



Grand Portage Scholarship Program Information Release Form

Instructions: This form must be completed by the student upon initial application to the scholarship program, AND at the beginning of each new academic year (every fall). Return this form to: Grand Portage Scholarship Program, P.O. Box 428, Grand Portage, MN 55605 or by fax to: (218) 475-2531.

REQUIRED

This section allows the Grand Portage Education staff to share or discuss information regarding your scholarship account with representatives from the institution you specify below, and for this institution to receive money on your behalf. You must complete this section in order to receive any funding.

I, _____, the student, hereby give permission to _____, an institution of higher education to share all information pertaining to my financial aid application and/or academic records, that includes, but is not limited to the following: grade reports, financial aid information (including State, Federal, and other awarded Grants and Scholarships), all student loans, student employment (on campus), student account information, academic progress reports, etc... with the Grand Portage Scholarship Program.

I, _____, the student, hereby give permission to _____, an institution of higher education to receive my scholarship check on my behalf to be used toward covering the balance of tuition, books, fees and supplies, less any State, Federal or other awarded grants or scholarships.

I, _____, the student, hereby give permission to the Grand Portage Scholarship Program to obtain any and all information from all funding sources relating to this application and to obtain my degree of Indian ancestry.

RECOMMENDED (Not Required)

This section allows the Grand Portage Education staff to share or discuss information regarding your scholarship account with the individual(s) you specify below. You must complete this section if you wish to provide authorization for your parent, spouse, or anyone else to discuss your scholarship account with the Grand Portage staff.

I, _____, the student, hereby give permission to the Grand Portage Scholarship Program to share any information pertaining to my Grand Portage Scholarship file with _____, my _____, on my behalf and to answer any questions relating to that information.

Print Name

Signature

Date

School Year



Grand Portage Scholarship Program Financial Aid Analysis Form

Instructions: This form must be completed by a Financial Aid Officer at the student's institution. It should be completed upon initial application to the scholarship program, AND at the beginning of each new academic year (every fall). **A separate form must be completed for any and all summer terms.** Return this form to: Grand Portage Scholarship Program, P.O. Box 428, Grand Portage, MN 55605 or by fax to: (218) 475-2531.

Type of Budget		Budget Period		Academic Term		
<input type="checkbox"/> First Budget <input type="checkbox"/> Revision <input type="checkbox"/> Revision, Summer Add On <input type="checkbox"/> Summer Only		This budget is for the period from: Start Date: _____ through End Date: _____		School Year: _____ <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer I (starts before 6/30) <input type="checkbox"/> Summer II (starts after 7/1)		
Financial Aid Officer Information						
Name of Person Completing this Form		Title of Person Completing this Form		Institution/School Name		
Mailing Address, City, State, Zip		Phone Number(s)	Fax Number(s)	E-mail Address		
Student Information						
Name of Student		Student I.D. #	Degree/Program (i.e. AA, BA, MA, etc...)		Program Length	
Student will be attending: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____		This student has successfully submitted a FAFSA: <input type="checkbox"/> Yes <input type="checkbox"/> No		This student has applied for all available forms of Institutional Aid: <input type="checkbox"/> Yes <input type="checkbox"/> No		
This student's status for State and Federal Aid is: <input type="checkbox"/> Eligible <input type="checkbox"/> Default <input type="checkbox"/> Suspension <input type="checkbox"/> Other: _____						
Institution/School Information						
Our institution operates on: <input type="checkbox"/> Semesters <input type="checkbox"/> Trimesters <input type="checkbox"/> Quarters <input type="checkbox"/> Other: _____			Billing is based on: <input type="checkbox"/> Semesters <input type="checkbox"/> Trimesters <input type="checkbox"/> Quarters <input type="checkbox"/> Other: _____		Number of credits required to maintain full-time status: _____	
Financial Information						
Assessed Need/Cost of Attendance		Financial Resources				
		Fall	Winter	Spring	Summer I	Summer II
Tuition/Fees _____		PELL _____	_____	_____	_____	_____
Books/Supplies _____		SEOG _____	_____	_____	_____	_____
Housing/Food _____		MN State Grant _____	_____	_____	_____	_____
Personal/Misc. _____		Other _____	_____	_____	_____	_____
Other _____		Other _____	_____	_____	_____	_____
Total Cost: _____		Total Resources: _____	_____	_____	_____	_____

Additional notes or comments:

I hereby certify that all of the above information is true and complete to the best of my knowledge.

 Print Name _____ Signature _____ Date



Grand Portage Scholarship Program Tenant Information Sheet

Instructions: This form must be completed by the landlord (if the student has a lease) or authorized representative of the lending organization (if the student has a mortgage). It should be completed upon initial application to the scholarship program, AND at the beginning of each new academic year (every fall), OR any time there is a change in the information below. Return this form to: Grand Portage Scholarship Program, P.O. Box 428, Grand Portage, MN 55605 or by fax to: (218) 475-2531.

Type of Agreement		Lease Period	
<input type="checkbox"/> Lease <input type="checkbox"/> Mortgage <input type="checkbox"/> Other (please explain) _____		This current lease is for the period from: Start Date: _____ through End Date: _____	
Landlord or Mortgage Officer Information			
Name of person completing this form		Title of person completing this form	Organization/Company Name
Mailing Address, City, State, Zip		Phone Number(s)	Fax Number(s)
E-mail Address			
Address where payment should be sent (if different from above)			
Tenant Information			
Name of Tenant (who is receiving the scholarship)		Address of Tenant(s)	
Name(s) of ALL other tenants living at this property (specify if the tenant is a child under 18 years old)			Is this person listed on the lease?
1.			Yes No
2.			Yes No
3.			Yes No
4.			Yes No
5.			Yes No
Rent Information			
Monthly rent amount is:	Does this tenant receive funding for rental assistance from any other sources (i.e. government assistance, other scholarships, etc...)? Yes (please explain): _____ No		

Additional notes or comments:

I agree to notify the Grand Portage Scholarship Program of any changes to the tenant's living arrangements and lease or mortgage agreement, including but not limited to the following: terms of the rental agreement/lease, change of address, change of tenants/roommates, any changes to the monthly rent, any complaints pertaining to the tenant(s) and any damages/fees incurred during the rental agreement.

I hereby certify that all of the above information is true and complete to the best of my knowledge.

Print Name	Signature	Date
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