MILLE LACS BAND SCHOLARSHIP PROGRAM

HIGHER EDUCATION APPLICATION

Phone: (866) 916-5282 Mail to: 43408 Oodena Dr., Onamia, Minnesota 56359 **Fax (320) 495-3707**

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 Name | Maiden Name(s) (if applicable)

Street Address | Apartment # | City | State | Zip Code

Date of Birth | Social Security Number | Telephone Number (include area code) | Applicant Enrollment Number

Mother's Full Name | Maiden Names(s) | Tribal Affiliation/Reservation | Father's Enrollment Number

Father's Full Name | Tribal Affiliation/Reservation | Father's Enrollment Number

Institution Name/Address | City | State | Zip Code | Contact Name/Telephone Number (include area code)

Enrollment Status: ☐ Full-time ☐Part-Time

Major/Minor | Credits Earned to Date | 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, as well as, all other funding sources, to share with the MLBSP all information pertaining to my financial aid, my academic records and student accounts. Further, I authorize the MLBSP to obtain my tribal enrollment information. I declare that the information given in this application is true, accurate and complete to the best of my knowledge.

Current Academic Year Start Date: _____

_____ _____

Signature of Applicant Date

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

Applicant an enrolled member: ☐YES ☐NO Applicant's biological parent enrolled member: ☐YES ☐NO

Applicant enrollment #/blood quantum: _____ Biological parent 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