

MILLE LACS BAND HIGHER EDUCATION PROGRAM
EDUCATIONAL ENRICHMENT PROGRAM
APPLICATION

Phone: (320) 532-4695

Mail to: 43408 Oodena Drive, Onamia, MN 56359

Fax: (320) 532-7826

Last Name:	First Name:	Middle Name:	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 what is your Enrollment Number (Put N/A if you are not):			
If you are not a Mille Lacs Band Member list the Parent's name that is and their Enrollment Number :			
Organization Name/Address (to which funds will be applied):		Org. Contact Person 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):			
Signature of Applicant: _____ Date: _____			
HIGHER EDUCATION OFFICE USE ONLY (APPLICANTS: DO NOT WRITE BELOW THIS LINE)			
Is Applicant an Enrolled Member: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is Applicant's Biological Parent an Enrolled Member: <input type="checkbox"/> YES <input type="checkbox"/> 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	
The name of the individual I spoke with at the Enrollment office to verify enrollment number:			
_____		Date I spoke with them: _____	