

MILLE LACS BAND SCHOLARSHIP PROGRAM  
**HIGHER EDUCATION APPLICATION**

Phone: 320-532-4695 Mail to: 43408 Oodena Dr., Onamia, Minnesota 56359 Fax 320-532-7826

<b>TO BE COMPLETED BY APPLICANT ( PLEASE PRINT CLEARLY AND LEGIBLY IN BLUE OR BLACK INK)</b>				
PLEASE CHECK SEMESTERS/QUARTERS <input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> 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	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: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time				
Major/Minor		Credits Earned to Date	Email Address	
<b>PERMISSION FOR RELEASE OF INFORMATION &amp; UNDERSTANDING OF MLBSP GUIDELINES</b>				
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.				
Signature of Applicant		Date	Current Academic Year Start Date: _____	
<b>TRIBAL ENROLLMENT OFFICE USE ONLY (APPLICANTS: DO NOT WRITE BELOW THIS LINE)</b>				
Applicant an enrolled member: <input type="checkbox"/> YES <input type="checkbox"/> NO		Applicant's biological parent enrolled member: <input type="checkbox"/> YES <input type="checkbox"/> 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	