

MILLE LACS BAND SCHOLARSHIP PROGRAM
 ACADEMIC ACHIEVEMENT AWARD REQUEST

Phone: 320-532-4695

Mail to: 43408 Oodena Dr., Onamia, Minnesota 56359

Fax 320-532-7826

Please attach a copy of your diploma, degree, or technical certification to request. Technical diplomas and/or certifications are awarded only if a student has attended the technical program at full-time status for a period of one academic year or more. Awards are disbursed to accredited programs only.

Last Name First Name Middle Name Maiden Name (if applicable)

Street Address Apt. # City State Zip Code

Date of Birth Social Security Number Telephone Number (incl area code) Enrollment Number

Mothers Full Name Maiden Name(s) Tribal Affiliation/Reservation Mother's Enrollment Number

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

Institution Attended Graduation Date

Field in Which Degree Earned Degree Type: GED AA AAS BA MA Tech. Dipl

PERMISSION OF RELEASE OF INFORMATION & UNDERSTANDING OF MLBSP GUIDELINES

I have read the MLBSP guidelines governing achievement requests and I declare that the information I have provided is true, accurate and complete to the best of my knowledge. I authorize the MLBSP to release my name and address to prospective employers, at the discretion of the MLBSP staff and/or the Commissioner of Education. Further, I authorize the MLBSP to obtain my enrollment information and to release my graduation information for publishing purposes.

 Signature of Applicant (if over 18 years of age) Date Parent's Signature (if applicant's under 18 years of age)

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