

MILLE LACS BAND SCHOLARSHIP PROGRAM
 HIGHER EDUCATION APPLICATION

Phone 1-800-709-6445 Mail: 43408 Oodena Dr, Onamia MN 56359 Fax 320-532-7826

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 MAIDEN

STREET ADDRESS APT# CITY STATE ZIP CODE

DATE OF BIRTH SOCIAL SECURITY NUMBER TELEPHONE NUMBER MLB ENROLLMENT #

MOTHERS FULL NAME TRIBAL AFFILIATION ENROLLMENT #

FATHERS FULL NAME TRIBAL AFFILIATION ENROLLMENT #

INSTITUTION NAME/ADDRESS CITY STATE CONTACT NAME/TELEPHONE #

MAJOR/MINOR CREDITS EARNED FULL/PART TIME 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 and other funding sources to share with the MLBSP information pertaining my financial aid, academic records and student accounts. Further, I authorize the MLBSP to obtain my tribal enrollment status. I declare that the information given in this application is true, accurate complete.

Applicant Signature _____ Date _____ Current Academic Year Start Date _____

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

APPLICANT ENROLLED? _____ APPLICANTS BIOLOGICAL PARENT ENROLLED? _____

Applicant enrollment #/Blood Quantum _____ Parents 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

**MILLE LACS BAND SCHOLARSHIP PROGRAM
STUDENT EDUCATION PLAN**

Phone: 1-800-709-6445 Mail: 43408 Oodena Drive, Onamia MN 56359 Fax: 320-532-7826

The purpose of a student education plan is for you to identify all remaining courses required to obtain your college degree. Each student on the MLBSP is required to complete this student education plan (SEP). Failure to do so will result in delayed funding. You are restricted to taking the courses needed to complete your graduation requirements. Set up an appointment with your student advisor at the institution you are attending: a student advisor signature is required. Please keep a copy of your SEP for future reference. Return the original to the MLBSP office.

Last Name First Name Social Security Number Date

Institution Attending Major program of study Minor (if applicable)

Total credits to date Credits needed to graduate Degree to be Earned (AA, AS, BA, BS, MA, Tech, Cert.)

LIST ALL CLASSES REQUIRED FOR GRADUATION

Fall Qtr/1st Semester	Winter Quarter	Spring Qtr/2nd Semester

Understanding of Student Education Plan (Student)

I have read the MLBSP- Student Education guidelines and I agree to abide by the regulations set forth as prescribed. Further, I give my permission to my institution student advisor to share with the MLBSP, all information pertaining to my class scheduling. I also do hereby give permission to the MLBSP to obtain information from all other sources relating to this SEP. I declare that the information given by me in this SEP is true, correct and complete to the best of my knowledge.

Signature of Student

Date

VERIFICATION BY STUDENT ADVISOR (STUDENTS: DO NOT WRITE BELOW THIS LINE)

I have reviewed the SEP with the student and I confirm that the course requirements that are listed meet graduation requirements of this educational institution, within a reasonable time frame.

Signature of Student Advisor

Telephone Number

Date

Mille Lacs Band Scholarship Program
43408 Oodena Drive - Onamia, MN 56359
Toll free: 800-709-6445
Fax: 320-532-7826

Consent for the Release of Confidential Information

INSTRUCTIONS: Make sure all blanks on this form are filled. * Sign only if you believe the release of this information is in your best interest.

Client's last name First name MI Date of birth

PO Box or Street Address City State ZIP Telephone

Social Security Number

LIMITATIONS:
I authorize the Mille Lacs Band Scholarship Program to (disclose; obtain from; exchange with) _____ the following information:

 _____ Client's Signature	 _____ Date
 _____ Signature of Parent or Guardian (if under age 18)	 _____ Relationship to Client
 _____ Witness	 _____ Relationship to Client

Please return this form to:

Assignment of Per Capita Distribution Funds

Student must indicate acceptance of each of the terms listed below by initialing the blank after paragraphs 2-6.

1. **Parties:** The parties to this agreement are the Mille Lacs Band Higher Education Office (MLBHEO) and the student, (name) _____.
2. **Receipt of Program Policies:** The student acknowledges that he/she received a complete copy of the program terms and policies and is aware of the Academic Minimum Standards and agrees to repay the cost of classes that do not meet the standards as determined by the MLBHEO. _____.
3. **Academic Performance Standards:** The student understands that as a participant in the MLBHEO Scholarship Program, he/she must meet the Academic Minimum Standards as outlined in the terms and policies of the program. The student understands that if he/she does not meet the Academic Minimum Standards, as determined by the MLBHEA, repayment for some or all of the funded classes will be required. _____.
4. **Assignment of Per Capita Distribution:** The student hereby authorizes the Mille Lacs Band of Ojibwe Office of Management and Budget to withhold up to 100% of his/her per capita (bonus) distribution, and forward the withheld funds to the MLBHEO to repay any costs for which the student is deemed responsible due to the student's failure to meet the Academic Minimum Standards as determined by the MLBHEO. _____.
5. **Court Order Not Necessary:** The student understands that the funds may be withheld upon the Office of Management of Budget's receipt of this signed form, and that no court order is necessary for the withholding and forwarding of the funds. _____.
6. **Dispute Resolution:** Any dispute that arises under this agreement shall be governed by the laws of the Mille Lacs Band of Ojibwe. The exclusive jurisdiction shall be the Mille Lacs Band of Ojibwe, Court of Central Jurisdiction. _____.
7. **Sovereign Immunity:** No provision of this assignment shall constitute a waiver of the Band's Sovereign Immunity.

Signed,

Date: _____

MILLE LACS BAND SCHOLARSHIP PROGRAM
43408 OODENA ROAD, ONAMIA, MN 56359
1-800-709-6445 EXT 4775 FAX (320)532-7826 MLB.Scholarships@millelacsband.com

Student Name Address City State Zip

Student SSN/Tribal Enrollment # Phone

By signing below, I authorize the Financial Aid office at : _____
to release my financial aid information to the above Tribal Agency.

Student Signature Date

This student has applied for a Higher Education Scholarship for the following term:
Verified financial need information is required from your office. This information is used to determine
eligibility. Thank you in advance for your assistance.

Budget Period from _____ to _____ which will begin
This student is considered () independent () dependent Student will reside () on () off campus

FINANCIAL AID RESOURCES

Parental Contribution _____
Student/Spouse Contribution _____
VA Benefits _____
State Scholarship _____
State Indian Scholarship _____
Pell Grant _____
Perkins _____
SEOG _____
Scholarship/Grant _____
SSIG _____
Loan(Sub) _____
Loan (UNSUB) _____
Other _____ _____
TOTAL RESOURCES _____

EDUCATION COSTS

Tuition _____
Fees _____
Books _____
Room _____
Board _____
Travel _____
Personal _____
Childcare _____
Other _____
TOTAL _____

We verify that this student is eligible for an Unmet Need of \$ _____

Signature: _____
 Financial Aid Officer Date Phone/Fax#

Name of College Address State/Zip

Our School is on () Semester () Quarter () Tri-Semester () Other
Student is Enrolled () Full time () Part time

ALL STUDENTS ARE REQUIRED TO APPLY FOR ALL AVAILABLE GIFT-GRANT FINANCIAL AID. THE MLBSP HIGHER EDUCATIONAL SCHOLARSHIP IS A SUPPLEMENTAL AWARD.