



Nottawaseppi Huron Band of the Potawatomi
A Federally Recognized Tribal Government

Education Department and Committee
2221 1 ½ Mile Road, Fulton, Michigan 49052
Phone: (269) 729-5151 • Fax: (269) 729-4837

Education Incentive Program Application 2011-2012

Please fill out the information below:

Student Name: _____ Tribal ID#: _____

Street: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Grade: _____

Anticipated High School Graduation Year: _____

Parent/Guardian Name: _____

Parent/Guardian Daytime Contact Number: _____

Parent/Guardian Email Address: _____

School Name: _____

Homeroom Teacher Name: _____

Do you participate in any school extracurricular activities? Yes No

- *Please note that athletics do not qualify (please refer to the EIP guidelines)*

If yes, please list school extracurricular activities:

By signing below, you are agreeing to participate in the Education Incentive Program and understand that it is your responsibility to return all required information. Your parent(s)/guardian(s) are agreeing to assist in your success in school as well as the Education Incentive program.

Student Signature

Date

Parent/Guardian Signature

Date