



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

Higher Education Scholarship Application 2011-2012

DEADLINES: FALL=August 1ST - WINTER/SPRING=December 1ST

Student Information

Students Legal Name (Last, First)		Social Security Number	
Permanent Address	City	State	Zip Code
Telephone Number(s)	E-mail Address	Date of Birth (mm/dd/yyyy)	
Tribal ID number			

Statistical Information

<p>Please check all that apply:</p> <p>Single: <input type="checkbox"/></p> <p>Married: <input type="checkbox"/></p> <p>Separated: <input type="checkbox"/></p> <p>Number of dependants under 18: _____</p> <p>Currently employed: <input type="checkbox"/> If no, unemployed # of weeks: _____</p> <p>If employed: Employer _____ Position _____ Employed since _____</p> <p>High school _____ HS Graduation date _____ or GED completion date _____</p> <p>Income – Check all that apply:</p> <p>Food Stamps: <input type="checkbox"/> Daycare Assistance: <input type="checkbox"/> Medicaid <input type="checkbox"/> Other public assistance: <input type="checkbox"/> Employment: <input type="checkbox"/></p>	<p>Circle one:</p> <p>Male / Female</p>	<p>Check one/Fill in the blanks:</p> <p>U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Currently employed: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Selective Service # _____</p> <p>Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If applicable, date of discharge _____</p>
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Education Information

College or University	Registrars Phone #	Circle One: Private/Public/BIA				
Address	City	State	Zip Code	Website		
I am classified as a: (circle one)		Freshman	Sophomore	Junior	Senior	Graduate Student
I am pursuing the following degree: (circle one)		Associates	Certificate	Bachelors	Masters	Professional
My field of study or major: _____			Expected graduation date: _____			

Authorization

I certify that the information given is true to the best of my knowledge. I understand that this information may be confirmed. Any State, Federal, Local Agency, or former employer is free to release information about me regarding this application. I understand that if I have deliberately given false information, I may receive a fine, imprisonment, or both. This is the authorization to disseminate employment and educational information for the purpose of assisting me in obtaining assistance, training, education, or employment. I also agree that the tribe may share contact information with other Huron Potawatomi departments.

<i>Applicant Signature</i>	<i>Guardian's Signature if under 18</i>	<i>Date</i>
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