



**Nottawaseppi Huron Band of the Potawatomi**  
**A Federally Recognized Tribal Government**

**Education Department and Committee**

**MOGUAGO SCHOLARSHIP APPLICATION**  
**2011-2012**

**IDENTIFICATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ TRIBAL I.D. #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number(1): \_\_\_\_\_ Phone Number(2): \_\_\_\_\_  
Selective Service #: \_\_\_\_\_ Veteran: Y / N Date of Discharge: \_\_\_\_\_

**FAMILY STATUS (Check each that applies)**

Single  Married  Separated  Not a parent  Single Parent  Dependents under 18

**EDUCATION STATUS**

Overall Current Grade Point Average (GPA): \_\_\_\_\_  
High School Diploma (School/year): \_\_\_\_\_ GED Graduate (year): \_\_\_\_\_  
Vocational training: \_\_\_\_\_  
Associate Degree (college/year): \_\_\_\_\_  
Bachelor Degree (college/year): \_\_\_\_\_  
Graduate Degree (college/year): \_\_\_\_\_  
Currently enrolled/attending school at: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Course of study: \_\_\_\_\_ Fresh.  Soph.  Jr.  Sr.   
Full time (12 credits semester): \_\_\_\_\_ Part time (6 credits semester): \_\_\_\_\_ Vocational: \_\_\_\_\_

**COMMUNITY INVOLVEMENT**

**Clubs, Organizations, Committees served and/or Volunteer experience:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 forfeit any benefits of this scholarship and will be subject to reimburse any monies dispersed to me through the MOGUAGO SCHOLARSHIP. This is the authorization to disseminate employment and educational information for the purpose of assisting me in obtaining training, education, or employment.

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Guardian's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please send completed application accompanied by transcript and reference letter by **June 30th** to:  
**Nottawaseppi Huron Band of the Potawatomi Education Department**  
2221 11/2 Mile Rd. • Fulton, MI • 49052 Phone: (269)729-5151 Fax: (269)729-4837