

Bois Forte Scholarship Program

P.O. Box 16 Nett Lake, MN 55772 Phone: 218-757-3261 : 800-221-8129

Certifying Official Signature

Application for:
□ Diploma/Certificate
Higher Education
Renewal from year

All information being requested is voluntary.

Date

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ast Name	First	MI Ma	aiden		So	c. Sec. No	Da	te of Birth
Permanent Address	City		State	Zip	Area	a Code/Telephone	Marital St Single	atus: Married
Name of High School		College Major			ocational Course	Number of childr	en/dependents:	
Year: Graduated GED		- Major			Course	Have you received a Bois Forte Scholarship In the past? No Yes When?		
Name/Address of College:		Starting Date	Starting Date		-		expected graduation date? Year	
		SSII	Fall V	Winter Sprin	-	Month What type of deg		
						AAS BA/E	SS Voc 0	Cert/Diploma
		Full-Ti	me \square	Part-Tim	е 🏻	AA MA	Ouie	<u></u>
Father's Name		D.O.B.	,	Tribal Affiliation	on:			
Mother's Name:	Maiden	D.O.B.		Tribal Affiliation	on:			
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