



# Bois Forte Scholarship Program

5344 Lakeshore Drive, Nett Lake, MN 55772  
Phone: 218-757-3124 - Fax: 218-757-3126

Application for:  
 Diploma/Certificate  
 Higher Education  
 Renewal from year \_\_\_\_\_

All information being requested is voluntary. However, failure to provide information may result in delays in processing this application.

Date Received—For Office Use \_\_\_\_\_

## PART I - TO BE COMPLETED BY THE APPLICANT

(Submit to financial aid office after completing top portion)

Last Name				First	MI	Maiden	Soc. Sec. No.		Date of Birth		
Permanent Address					City	State	Zip	Area Code/Telephone		Marital Status: Single ___ Married ___	
Name of High School				College Major		Vocational Course		Number of children/dependents: _____			
Year: Graduated _____ GED _____								Have you received a Bois Forte Scholarship In the past? No ___ Yes ___ When? _____			
Name/Address of College:				Starting Date _____				What is your expected graduation date? Month _____ Year _____			
				SSII	Fall	Winter	Spring	SSI	What type of degree are you seeking? AAS ___ BA/BS ___ Voc Cert/Diploma ___ AA ___ MA ___ Other ___		
				Full-Time <input type="checkbox"/>		Part-Time <input type="checkbox"/>					
Father's Name			D.O.B.		Tribal Affiliation:						
Mother's Name:		Maiden		D.O.B.		Tribal Affiliation:					
Name enrolled under if different from above:							Military Service? Dates: From _____ To _____				

I will contact the financial aid office at the institution I have selected and will apply for any and all other aids available to me. I will request that the financial aid office notify Bois Forte of any financial need and any aid the College/Vocational school offers to me. I further certify that the above information provided to the institution by me may be shared with the appropriate agencies, and I will provide Bois Forte with a complete official transcript at the end of each academic term and at the end of each academic year or other times as is requested. I request that any grant awarded me be mailed to me in care of the financial aid office of the institution I attend. I authorize the Bois Forte Education Department to provide prospective employers with my Name, Address, and Major/Minor field of study, upon completion of my academic program. I further authorize the Bois Forte Education Department to obtain by Indian blood quantum to determine my eligibility for services and financial assistance.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

## PART II - TO BE COMPLETED BY FINANCIAL AID OFFICE

(Please complete and return to the scholarship office)

NAME OF INSTITUTION: \_\_\_\_\_ STUDENT ATTENDING: Full-Time  Part-Time

FINANCIAL AID OFFICER: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

School Year: 20__ - 20__	SS-II Credits _____	1st Term Credits _____	2nd Term Credits _____	3rd Term Credits _____	SS-I Credits _____	Total
Start Date: _____	Date _____	Date _____	Date _____	Date _____	Date _____	
Books (Actual or Estimate)	_____	_____	_____	_____	_____	_____
Tuition & Fees	_____	_____	_____	_____	_____	_____
Transportation (if applicable)	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____

## PART III - TO BE COMPLETED BY BOIS FORTE ENROLLMENT OFFICE

I do hereby certify that the above named applicant is \_\_\_\_\_ degree of Indian blood of the Bois Forte Band of Chippewa Indians of the Minnesota Chippewa Tribe according to available records..

Certifying Official Signature \_\_\_\_\_

Date \_\_\_\_\_