

**MILLE LACS BAND SCHOLARSHIP PROGRAM  
ACADEMIC ACHIEVEMENT AWARD REQUEST**

**Phone: (866) 916-5282**

Mail to: 43408 Oodena Dr., Onamia, Minnesota 56359

**Fax (320) 495-3707**

Please attach a copy of your diploma, degree, or technical certification to request. Technical diplomas and/or certifications are awarded only if a student has attended the technical program at full-time status for a period of one academic year or more. Awards are disbursed to accredited programs only.

Last Name	First Name	Middle Name	Maiden Name (if applicable)
Street Address	Apt. #	City	State      Zip Code
Date of Birth	Social Security Number	Telephone Number (incl area code)	Enrollment Number
Mothers Full Name	Maiden Name(s)	Tribal Affiliation/Reservation	Mother's Enrollment Number
Fathers Full Name		Tribal Affiliation/Reservation	Father's Enrollment Number
Institution Attended	Graduation Date		
Field in Which Degree Earned	Degree Type: GED   AA   AAS   BA   MA   Tech. Dipl		

**PERMISSION OF RELEASE OF INFORMATION & UNDERSTANDING OF MLBSP GUIDELINES**

I have read the MLBSP guidelines governing achievement requests and I declare that the information I have provided is true, accurate and complete to the best of my knowledge. I authorize the MLBSP to release my name and address to prospective employers, at the discretion of the MLBSP staff and/or the Commissioner of Education. Further, I authorize the MLBSP to obtain my enrollment information and to release my graduation information for publishing purposes.

\_\_\_\_\_  
Signature of Applicant (if over 18 years of age)      Date      Parent's Signature (if applicant's under 18 years of age)

**TRIBAL ENROLLMENT OFFICE USE ONLY (APPLICANTS: DO NOT WRITE BELOW THIS LINE)**

Applicant an enrolled member:     YES     NO      Applicant's biological parent enrolled member:     YES     NO  
 Applicant enrollment #/blood quantum: \_\_\_\_\_      Biological parent enrollment #/blood quantum: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

I certify that the applicant/parent is an enrolled member of the Mille Lacs Band of Ojibwe and that the enrollment number(s) provided on this application is correct.

\_\_\_\_\_  
Tribal Enrollment Officer Signature      Date