MILLE LACS BAND SCHOLARSHIP PROGRAM

EDUCATIONAL ENRICHMENT APPLICATION

Phone: (866) 916-5282 Mail to: 43408 Oodena Dr., Onamia, Minnesota 56359 **Fax (320) 495-3707**

Up to $500 is available within a fiscal year (October 1-September 30) for MLBSP-approved classes or activities. Award determinations will be done monthly. Priority will be given to low-income families. First time applicants will be given priority over returning recipients.

Last Name	First Name	Middle Name	Maiden Name(s) (if applicable)

Street Address	Apartment #	City	State	Zip Code

Date of Birth	Social Security Number	Telephone Number (include area code)	Applicant's Enrollment Number

Mother's Full Name	Maiden Name(s)	Tribal Affiliation/Reservation	Mother's Enrollment Number

Father's Full Name	Tribal Affiliation/Reservation	Father's Enrollment Number

Organization Name/Address (to which funds will be applied)	City	State	Zip Code	Contact Name/Telephone Number (include area code)

Class or Activity Description	Start Date	Length of Class or Activity	Amount Requested
			$

Describe how your participation will benefit you (attach additional paper, if necessary):

INCOME PRIORITY DETERMINATION (IF NOT COMPLETED, PRIORITY WILL NOT BE GIVEN)

Household Size:	☐1-2 person family (incl. yourself)		☐3-4 person family	☐5 person family
	☐6 person family		☐7 person family	☐8+ person family
Income Level:	☐$0-$7,000	☐$7,001-$11,000	☐$11,001-$15,000	☐$15,001-$19,000
	☐$19,001-$23,000	☐$23,001-$27,000	☐$27,001-$31,000	☐$31,001-$35,000
	☐$35,001-$39,000	☐$39,001-$43,000	☐$43,001-$48,000	☐$48,001+

PERMISSION OF RELEASE OF INFORMATION & UNDERSTANDING OF MLBSP GUIDELINES

I have read the MLBSP guidelines governing educational enrichment requests and I declare that the information provided is true, accurate and complete to the best of my knowledge. I authorize the MLBSP to obtain my enrollment information and any information relating to this application from program administrators.

Signature of Applicant (18 years of age and older)	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