

MILLE LACS BAND SCHOLARSHIP PROGRAM

HARDSHIP APPEAL APPLICATION

Phone: (866) 916-5282

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

Fax (320) 495-3707

Hardship funding is a *one-time-only request; it is not renewable*. To be considered for hardship funds, *you must be a full-time student* and have a demonstrated need. *First-year students are not eligible*, as a track record of academic success must be established. Be aware that *automotive repairs of any type, is not a fundable hardship appeal*.

Info that must be included w/hardship appeal application: Support Letter(s) from Institutional Personnel; Copies of Pertinent Billing(s); etc.

PLEASE PRINT CLEARLY AND LEGIBLY IN BLUE OR BLACK INK

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)
Institution Attending			
Institution Type: <input type="checkbox"/> Voc/Tech <input type="checkbox"/> 2-yr College <input type="checkbox"/> 4-yr College/Univ <input type="checkbox"/> Grad School			
Major	Minor		Academic Year
Purpose of Hardship Appeal (attach additional paper, if necessary):			

Amount Requested: \$ Please attach all requested documentation, see above.

PERMISSION OF RELEASE OF INFORMATION & UNDERSTANDING OF MLBSP GUIDELINES

I have read the MLBSP-Hardship Appeal guidelines and I agree to abide by the regulations set forth as prescribed. Further, I give permission to my institution of higher learning to share with the MLBSP, all information pertaining to my financial aid, my academic records and my student account. I also do hereby give permission to the MLBSP to obtain information from all other sources relating to this application. I declare that the information given by me in this application is true, correct and complete to the best of my knowledge.

_____ DATE

SIGNATURE OF APPLICANT

SCHOLARSHIP COMMITTEE USE ONLY (APPLICANTS: DO NOT WRITE BELOW THIS LINE)

<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED _____ COMMITTEE REP SIGNATURE/DATE COMMENTS:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED _____ COMMITTEE REP SIGNATURE/DATE COMMENTS:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED _____ COMMITTEE REP SIGNATURE/DATE COMMENTS:
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