



LEECH LAKE BAND OF OJIBWE

115 - 6th Street NW Suite E
Cass Lake, MN 56633
1-866-638-7738
fax: 218-335-8339

APPLICATION FOR POST SECONDARY GRANT PROGRAM

PLEASE USE BLACK/BLUE INK

PART I -- TO BE COMPLETED BY APPLICANT

Form fields: LAST NAME, FIRST, MIDDLE, MAIDEN, Soc. Sec. No., Date of Birth, State of Residency

Form fields: Permanent Address, Street, City, State, Zip, Area Code/Telephone, Marital Status (Single/Married)

Form fields: Name of High School, College Major, Vocational Course, Children or Dependents List/Relationship

Form fields: Year Graduated, GED, Name of College or Voc. School You Plan to Attend, Starting Date, Full Time/Part Time, Year in College/Voc. School

Form fields: Expected Graduation Date, Have you received BIA or tribal grant before? Yes/No/When/Where

Form fields: Father's Name, D.O.B., Tribal Affiliation

Form fields: Mother's Maiden Name, D.O.B., Tribal Affiliation

Form fields: Person to Contact in Emergency, Address, Phone

ATTENTION Name Enrolled Under If Different From Above

Form fields: Your Expected Income While in School (per month), Employment, Savings, Vocational Re-Hab, Veteran's Benefits, Welfare - Public Assistance, Take Home Pay - Spouse, Social Security, Other

Military Service? Dates: From to

I will contact the financial aids office of 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 my tribe of any financial need and any aid the College/Voc. 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 my Tribe with a complete official transcript at the end of the academic year and at any other time as is requested. I request that any grant awarded me to be mailed to me in care of the financial aid office of the institution I attend. I authorized the Leech Lake Tribal Council to provide prospective employers with my Name, Address, and Major / Minor field of Study, upon completion of my academic program. I further authorize the Leech Lake Tribal Council to obtain my Indian ancestry to determine any eligibility for service and financial assistance.

(Applicant Signature)

(Date)

PART II -- TO BE COMPLETED BY LEECH LAKE TRIBAL OFFICE

I hereby certify that the above named applicant is:

1) an enrolled member of the Leech Lake Band of Chippewa: Enrollment Number

(Certifying Official Signature/&Title)

(Date)