



RETURN TO:
BOIS FORTE RTC
P.O. Box 16 - Nett Lake, MN 55772

- OUT OF STATE -
BOIS FORTE EDUCATION SCHOLARSHIP APPLICATION

TO BE COMPLETED BY THE STUDENT—RETURN COMPLETED FORM TO ABOVE ADDRESS

PRINT (Use BLACK Ballpoint) OR TYPE ALL ENTRIES	This Application is a: __ New __ Renewal __ Revision __ Summer School	For: __ Vocational Training __ Undergraduate __ Graduate	For School Year: 20__ to 20__				
Last Name,	First Name,	M.I., (Maiden Name)	Date of Birth	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Soc. Sec. Number	
Home Address			City	State	Zip	Telephone Number	
Marital Status: __ Married __ Single __ Other		Number of Dependents:		List Ages of Dependents:			
Tribe:		Reservation Enrolled		Students Place of Birth (City, State)			
Father's Full Name		Tribe		Mothers Name (Maiden)		Tribe	
High School Attended		City		State	Year Graduated	Date of GED	GED Test Site
Institution Attending			Enrollment Status __ Part-Time __ Full-Time		Semester/Quarter __ SS-II __ Fall __ Winter __ Spring __ SS-I		
Total Credits/Semester Hours Earned To Date:	Major/Course of Study		Teaching <input type="checkbox"/>	Non-Teaching <input type="checkbox"/>	Length of Course	Expected Graduation Date	

PERMISSION FOR INFORMATION RELEASE - TO BE SIGNED BY APPLICANT

I hereby give permission to the Institution of higher education named above to release all information pertaining to my financial aid application and/or academic record with the Bois Forte Education Program. I also do hereby give permission to the Bois Forte Education Program to obtain information from all funding sources relating to this application, obtain my degree of Indian Ancestry. And to release name, address and course of study to prospective employers. I further declare that the information provided on this form is true, correct and complete to the best of my knowledge and if granted financial assistance, I will use it only for educational expenses to complete my degree.

Signature of Applicant

Date of Application

TO BE COMPLETED BY THE FINANCIAL AID OFFICER

NAME AND ADDRESS OF INSTITUTION: _____

STUDENT ATTENDING Part-Time Full-Time FOR BUDGET PERIOD _____ TO _____ \$ _____

RESOURCES: Parent Contribution: \$ _____ Veterans Benefits: \$ _____ } TOTAL RESOURCES \$ _____
 Student Contribution: \$ _____ OTHER: \$ _____

	SS—II	FALL	WINTER	SPRING	SS—I	
	Start Date	Start Date	Start Date	Start Date	Start Date	
ASSESSED NEED	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
PELL GRANT	_____	_____	_____	_____	_____	_____
COLLEGE AID	_____	_____	_____	_____	_____	_____
SEOG	_____	_____	_____	_____	_____	_____
EMPLOYMENT	_____	_____	_____	_____	_____	_____
___ LOAN / ___ OTHER	_____	_____	_____	_____	_____	_____
RECOMMENDED INDIAN ASSISTANCE GRANT (UNMET NEED)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

PREPARED BY: _____ College or University Financial Aid Officer Phone _____ Date _____

BOIS FORTE EDUCATION OFFICE ONLY

BOIS FORTE _____

APPROVED BY: _____ Education Director Executive Director Date _____