

# Bois Forte Scholarship Program

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www.boisfortertc.com



Application for College Preparatory

New  Renewal

All information being requested is voluntary. However, failure to provide information may result in delays in processing this application.

PLEASE USE BLACK/BLUE INK

Date Received—For Office Use

## PART I - TO BE COMPLETED BY THE APPLICANT

Last Name		First	MI	Soc. Sec. No.		Date of Birth	State of Residency
Permanent Address			City	State	Zip	Area Code/Telephone	
Name of Previous High School			Last grade completed at previous High School: _____			List honors or special recognitions	
Years of Attendance: _____ to _____			Cumulative Grade Point Avg _____			1. _____	
Name of College Preparatory School You Plan to Attend:			Activities and/or hobbies			2. _____	
Address:			1. _____			3. _____	
			2. _____			4. _____	
			3. _____			5. _____	
			4. _____			6. _____	
Expected Graduation Date:		What areas of study do you plan to pursue in college?			Top two colleges you plan to attend		
Month _____	Year _____				(1)	(2)	
Father's Name		D.O.B.		Tribal Affiliation:			
Mother's Name:		Maiden		D.O.B.		Tribal Affiliation:	
Name enrolled under if different from above:							

I will contact the financial aid office at 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 Bois Forte of any financial need and any aid the College/Vocational 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 Bois Forte with a complete official transcript at the end of each academic term and at the end of each academic year or other times as is requested. I request that any grant awarded me be mailed to me in care of the financial aid office of the institution I attend. I authorize the Bois Forte Education Department to provide prospective employers with my Name, Address, and Major/Minor field of study, upon completion of my academic program. I further authorize the Bois Forte Education Department to obtain by Indian blood quantum to determine my eligibility for services and financial assistance.

Applicant Signature

Date

## PART II - TO BE COMPLETED BY BOIS FORTE ENROLLMENT OFFICE

I do hereby certify that the above named applicant is \_\_\_\_\_ degree of Indian blood of the Bois Forte Band of Chippewa Indians of the Minnesota Chippewa Tribe according to available records..

Certifying Official Signature

Date