



# Bois Forte Scholarship Program

P.O. Box 16 Nett Lake, MN 55772  
Phone: 218-757-3261 : 800-221-8129  
FAX: 218-757-3312

Application for:  
 Diploma/Certificate  
 Higher Education  
 Renewal from year \_\_\_\_\_

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

Date Received—For Office Use

## PART I - TO BE COMPLETED BY THE APPLICANT

(Submit to financial aid office after completing top portion)

Last Name	First	MI	Maiden	Soc. Sec. No..	Date of Birth						
Permanent Address				City	State	Zip	Area Code/Telephone	Marital Status: Single ___ Married ___			
Name of High School			College Major	Vocational Course	Number of children/dependents: _____						
Year: Graduated _____ GED _____			Have you received a Bois Forte Scholarship In the past? No ___ Yes ___ When? _____			What is your expected graduation date? Month _____ Year _____					
Name/Address of College:			Starting Date _____			What type of degree are you seeking? AAS ___ BA/BS ___ Voc Cert/Diploma ___ AA ___ MA ___ Other ___					
			SSII <input type="checkbox"/>	Fall <input type="checkbox"/>	Winter <input type="checkbox"/>	Spring <input type="checkbox"/>	SSI <input type="checkbox"/>				
			Full-Time <input type="checkbox"/>			Part-Time <input type="checkbox"/>					
Father's Name			D.O.B.			Tribal Affiliation:					
Mother's Name:			Maiden			D.O.B.			Tribal Affiliation:		
Name enrolled under if different from above:					Military Service? Dates: From _____ To _____						

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 FINANCIAL AID OFFICE

(Please complete and return to the scholarship office)

NAME OF INSTITUTION: _____			STUDENT ATTENDING: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>			
FINANCIAL AID OFFICER: _____			TELEPHONE NUMBER: _____			
School Year: 20__ - 20__	SS-II Credits _____	1st Term Credits _____	2nd Term Credits _____	3rd Term Credits _____	SS-I Credits _____	Total
Start Date: _____	Date _____	Date _____	Date _____	Date _____	Date _____	
Books (Actual or Estimate)	_____	_____	_____	_____	_____	_____
Tuition & Fees	_____	_____	_____	_____	_____	_____
Transportation (if applicable)	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____

## PART III - 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