



POKAGON BAND OF POTAWATOMI INDIANS
EDUCATION DEPARTMENT

58620 Sink Rd., P.O. Box 180, Dowagiac, MI. 49047

Telephone (269) 782-0887
FAX (269) 782-0985

December 18, 2006

Dear Scholarship Applicant,

Congratulations on pursuing and education beyond high school. I hope you have a successful academic career in the institution you wish to attend. I am here to assist you through the application process and any other higher education assistance. Our office has made many contacts across the states of Michigan and Indiana and would readily connect you with these individuals.

To complete the application process, the following items need to be completed or turned in to my office:

- Completed Adult Vocational Application with all forms signed and dated.
- Copy of your High School diploma.
- Submit an official copy of your semester class schedule.
- Complete **Part I** of the 2006-2007 Unmet Needs form (Be sure to include the number of credits for each semester). Submit it to the Financial Aid Officer at your institution. They are to complete **Part II** and send it directly to us.
- Copy of your tribal enrollment card.
- Accreditation from the institute you are attending, only if it is a new institution and no other tribal member has attended.

You should expect to have your scholarship processed within five (5) business days after we receive all required documents. Checks are sent directly to your college or university. We wish you the best of luck and please contact our department if you have any questions.

Sincerely,

Joseph L. Morsaw
Joseph.morsaw@pokagon.com
Higher Education Specialist
(269) 591- 5730



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ADULT VOCATIONAL TRAINING PROGRAM

Last Name:	First	Middle	Maiden
Permanent Address:		Telephone: ()	
City	State	Zip Code	State of Residency
Social Security #	Birth date	Sex:	

Circle the following responses:

Marital Status: Single Married Number of children _____
 U.S. Citizen: YES NO
 Veterans Benefits: YES NO
 Have you ever received assistance from this program YES NO When _____

Institute or Trade School (circle one) Public Private BIA
 Name: _____ Major: _____
 Address: _____ Expected Date of Completion: _____
 City: _____ State: _____ Expected Certification/License Date: _____
 Zip Code: _____

I will be enrolling: (circle one) Full-time Part-time Special
 Freshmen Sophomore
 I will be living: (circle one) Weeks of Instruction
 On campus Off campus _____ Fall 20 _____ # of weeks _____
 Other: _____ _____ Winter 20 _____ # of weeks _____
 _____ Spring 20 _____ # of weeks _____
 _____ Summer 20 _____ # of weeks _____

STUDENT STATEMENT

I DECLARE THAT THE INFORMATION GIVEN BY ME ON THIS FORM IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. THE BUREAU OF INDIAN AFFAIRS, MY TRIBE AND MY SELECTED HIGHER EDUCATION INSTITUTE/TRADE SCHOOL MAY SHARE THIS INFORMATION. I WILL CONTACT THE INSTITUTION'S FINANCIAL AID OFFICE AND APPLY FOR FINANCIAL AID THAT IS AVAILABLE TO ME. I REQUEST THE FINANCIAL AID OFFICE TO NOTIFY THE POKAGON BAND OF POTAWATOMI INDIANS OF MY FINANCIAL NEED. IF GRANTED ASSISTANCE, I WILL USE IT ONLY FOR MY APPROVED EDUCATIONAL EXPENSES. SCHOLARSHIP FUNDS AWARDED TO ME MAY BE MAILED TO THE FINANCIAL AID OFFICE AT THE INSTITUTION I ATTEND. IN THE EVENT I WITHDRAW FROM COLLEGE I WILL RETURN BY CHECK OR MONEY ORDER THAT PORTION OF THE GRANT COVERING THE TERM FUNDED. I AUTHORIZE THE INSTITUTION I ATTEND TO RELEASE TO MY FUNDING PROGRAM AN OFFICIAL COPY OF MY GRADE TRANSCRIPT FOR THE ACADEMIC PERIODS FUNDED.

Applicant's signature: _____ Date: _____

Parent/Guardian Signature: (if under 18 years of age) _____ Date: _____

***APPLICANT LEAVE BLANK (FOR ENROLLMENT OFFICER)**

ENROLLMENT NUMBER: _____ Degree: _____

Certified by : _____ Date: _____

STATEMENT ON PRIVACY

IN ACCORDANCE WITH THE ACCOUNTABILITY REQUIRED FOR THE ADMINISTRATION OF THE FUNDS APPROPRIATED FOR THIS PROGRAM, CERTAIN INFORMATION IS REQUIRED OF THE APPLICANT. THIS FORM SOLICITS THE REQUIRED INFORMATION. THE INTENT OF COLLECTING AND MAINTAINING THIS DATA IS FOR DETERMINING THE ELIGIBILITY OF THE APPLICANT AND TO PROVIDE THE MEANS FOR PRODUCING CERTAIN STATISTICAL RECORDS REQUIRED OF THIS OFFICE. USE OF PERSONAL DATA WILL BE AVAILABLE TO AUTHORIZED SOURCES. FAILURE ON THE PART OF THE APPLICANT TO PROVIDE THE REQUIRED INFORMATION WILL PRECLUDE THE APPLICANT FROM ELIGIBILITY IN OBTAINING ASSISTANCE UNDER THIS PROGRAM.

I HAVE READ THE ABOVE AND HEREBY PROVIDE THE REQUIRED INFORMATION AND AUTHORIZE THE USE OF SUCH INFORMATION TO THE EXTENT OF THE USES SPECIFIED IN THE STATEMENT.

Applicant's signature: _____ Date: _____

Parent/Guardian Signature: (if under 18 years of age) _____ Date: _____