



POKAGON BAND OF POTAWATOMI INDIANS

DEPARTMENT OF EDUCATION

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

Telephone (269) 782-0887

FAX (269) 782-0985

April 27, 2009

Dear Scholarship Applicant,

Congratulations on pursuing your education.

To complete the application process, the following items need to be completed or turned in to the Department of Education:

- Completed Higher Education Application with all forms signed and dated.
- Copy of your most recent grades (returning applicants) High School diploma (new applicants).
- Submit an official copy of your semester class schedule.
- Complete **Part I** of the 2009 Summer Unmet Needs form (Be sure to include the number of credits for each semester). Submit it to the Financial Aid Officer at your college or university. They are to complete **Part II** and send it directly to us.
- Copy of your tribal enrollment card.
- Review the handout on the policy for the 2008-2009 academic year. Keep this document for your records.

Please contact the Department of Education if you have any questions.



Pokagon Band of Potawatomi Indians
Department of Education

**HIGHER EDUCATION SCHOLARSHIP
2009 Summer Application**

BASIC STUDENT INFORMATION

↑ NAME: First Middle Last SOCIAL SECURITY NUMBER ↑

↑ PERMANENT ADDRESS: Street City State Zip Code ↑

↑ TELEPHONE NUMBER DATE OF BIRTH E-MAIL ADDRESS ↑

POKAGON BAND OF POTAWATOMI INDIANS ENROLLMENT NUMBER: _____

I AM CLASSIFIED AS A: (circle one) Freshman Sophomore Junior Senior Graduate Student

I AM PURSUING THE FOLLOWING DEGREE: (circle one) Associates Bachelors Other: _____

MY FIELD OF STUDY OR MAJOR: _____ MY EXPECTED DATE OF GRADUATION: _____

I HAVE BEEN PURSUING MY DEGREE SINCE THIS DATE: _____ NUMBER OF YEARS: _____

STATISTICAL INFORMATION

SINGLE: _____ MALE: _____ U.S. CITIZEN: Yes _____ No _____
MARRIED: _____ FEMALE: _____ CURRENTLY EMPLOYED: Yes _____ No _____
YOUR CURRENT AGE: _____ NUMBER OF CHILDREN/DEPENDENTS UNDER AGE 18: _____
CURRENTLY ENROLLED IN W.I.A. PROGRAM? Yes _____ No _____ (This is an employment & training assistance program.)
INTERESTED IN ENROLLING IN W.I.A.? Yes _____ No _____ (A staff member will contact you if you are interested.)

COLLEGE/UNIVERSITY INFORMATION

NAME OF SCHOOL: _____ Circle one: Private Public BIA

SCHOOL WEBSITE: _____ CITY: _____

REGISTRAR'S TELEPHONE: _____ STATE/ZIP: _____

I DECLARE THAT THE INFORMATION GIVEN BY ME ON THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I CONSENT TO WAIVE MY STUDENT PRIVACY RIGHTS TO ALLOW THE POKAGON BAND DEPARTMENT OF EDUCATION TO COMMUNICATE WITH MY HIGHER EDUCATION INSTITUTION AS NEEDED.

APPLICANT SIGNATURE: _____ DATE: _____



Pokagon Band of Potawatomi Indians Department of Education
 Telephone: 269-782-0887 Fax: 269-782-0985

HIGHER EDUCATION SCHOLARSHIP 2009 Summer Unmet Needs Form

PART I – Student Information

Student's Legal Name	Social Security Number
Street Address	Telephone Number
City, State, Zip	E-mail Address
Name of College or University	School Website

I intend to register and take the listed credits per term/semester:

Summer 2009 _____ (# of Credits)

I give permission for release of financial information to the Pokagon Band Department of Education.

Student's Signature: _____ Date: _____

PART II – To be completed by your Financial Aid Officer

Education-Related EXPENSES	Summer 2009			STUDENT'S RESOURCES	Summer 2009		
Tuition				Parent Contribution			
Fees				Student Contribution			
Books				Pell Grant			
Supplies				Other Grants			
Room & Board				Loans			
Transportation				Indian Tuition Waiver			
Misc. Expenses				College Scholarship			
Other:				Other Scholarships			
Other:				Other:			
TOTAL EXPENSES				TOTAL RESOURCES			

I certify that the financial need and the amounts of institution-administered financial aid offered the above student to be in compliance with current applicable rules and regulations governing federal, state, and this institution's financial aid policies. Student has filed all appropriate forms needed for Pell Grant.

Signature, Financial Officer: _____ Date: _____

Telephone Number: _____ Fax: _____

Address where scholarship check should be sent: _____

Please return this completed form to: Pokagon Department of Education P.O. BOX 180, DOWAGIAC, MI 49047