

Grand Traverse Band of
Ottawa and Chippewa Indians
2605 N. West Bayshore Drive
Peshawbestown, MI 49682
(231) 534-7750
Fax: (231) 534-7646

The Grand Traverse Band of
Ottawa Chippewa Indians

Lifelong Learning Department
GTB Traverse City Satellite Office
845 Business Park Drive
Traverse City, MI 49686
(231) 534-7760 * (866) 534-7760
Fax: (231) 534-7773

~ Higher Education ~
~ Adult Vocational Training ~
Scholarship Application

Name: Last First M.I. Maiden				Tribal Id #:	Enrollment Date:	Date of Birth:	Social Security Number: XXX-XX-
Permanent Home Address				Address During School (If different than permanent address)			
Address: _____				Address: _____			
City, State, Zip: _____				City, State, Zip: _____			
Telephone Number: _____				Telephone Number: _____			
Cellphone Number: _____				Cellphone Number: _____			
EMAIL ADDRESS (Required):							
Veterans Benefits Yes <input type="checkbox"/> No <input type="checkbox"/>		Yearly Income (For Statistical Purposes Only)				Single <input type="checkbox"/> Male <input type="checkbox"/>	
Receive Pell Grant? Yes <input type="checkbox"/> No <input type="checkbox"/>		Per Capita Only <input type="checkbox"/> 0 - 10,000 <input type="checkbox"/> 10,001 - 20,000 <input type="checkbox"/> 20,001 - 30,000 <input type="checkbox"/>				Married <input type="checkbox"/> Female <input type="checkbox"/>	
State of Residency: _____		30,001 - 40,000 <input type="checkbox"/> 40,001 - 50,000 <input type="checkbox"/> 50,001 - 60,000 <input type="checkbox"/> 60,000 + <input type="checkbox"/>				Number of Children: _____	
COLLEGE / UNIVERSITY YOU WISH TO ATTEND:				COLLEGE MAJOR / DEGREE PROGRAM:			
Name: _____				_____			
Address: _____				Degree Goal: Associate Bachelor Master PhD Certificate Diploma			
City, State, Zip: _____				Expected Date of Graduation: _____			
Telephone Number: _____				Any previous Degree(s), Certification(s), License(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
High School graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____				If yes, please name: _____			
Did you receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____				Are you a first time Higher Education/AVT student? <input type="checkbox"/> Yes <input type="checkbox"/> No			
School Name: _____				Have you been awarded a GTB scholarship before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
City, State, Zip: _____				If yes, what years? _____			
Enrolling as:				Which semester do you wish to attend:			
<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Full-Time <input type="checkbox"/> Other: _____				<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer of 20_____			
<input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Part-time				Do you plan to apply for the FAFSA? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Adult Vocational Training		# of Months for AVT Training? _____		Would like information about the Registration Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			

STUDENT STATEMENT / PRIVACY STATEMENT

I declare that the information given by me on this form is true, correct and complete to the best of my knowledge. This information may be shared by GTB and my selected higher education institution. I will contact the institutions financial aid office and apply for financial aid available to me. If granted assistance, I will use it for my educational expenses. GTB scholarship funds awarded me may be mailed to me C/O financial aid office at the institution I attend. In the event I withdraw from college I know any books/fees awarded to me will be withdrawn from my next scholarship. I authorize the institution I attend to release to the GTB Higher Education Specialist all data requested and an official copy of my grade transcript for the academic period(s) funded.

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 the determining of 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 higher education 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 this statement.

I hereby agree that, in the event I need to repay the Band for a scholarship grant which I had received, the Band may deduct such amount from any per capita payment(s) made me under the Band's Revenue Allocation Ordinance ("RA"), as codified at 18 GTBC §1601 et seq.) I further understand that, in the event my per capita payment is unavailable or insufficient to satisfy my repayment obligation, I will be responsible for repaying that amount through other means.

By signing below, I confirm that I have read the Grand Traverse Band of Ottawa and Chippewa Indians Higher Education and Adult Vocational Training Scholarship Guidelines and agree to abide by them. I understand that my grades and an account summary must be submitted within 4 weeks of the end of the semester/term in order to receive my scholarship.

For Office Use Only				
	# of Credits	Credits Earned	Sem. GPA	Cum. GPA
Fall				
Winter				
Spring				
Summer				

Applicant Signature

Date

