

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

**The Grand Traverse Band of
Ottawa and Chippewa Indians**
Higher Education/AVT
Scholarship Application

GTB Traverse City
Satellite Office
845 Business Park Drive
Traverse City, MI 49686
(231) 534-7760 * 1-866-534-7760
Fax: (231) 534-7773

Name: Last First Middle Maiden	Tribal ID#	Enrollment Date	Birth Date	Social Security Number
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PERMANENT HOME: Address: _____ City, State, Zip: _____ Phone Number: _____	ADDRESS DURING SCHOOL (if different from permanent home) Address: _____ City, State, Zip: _____ Phone Number: _____
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EMAIL ADDRESS: (Primary form of communication from GTB)

Veteran Benefits: <input type="checkbox"/> YES <input type="checkbox"/> NO Receive Pell Grant? <input type="checkbox"/> YES <input type="checkbox"/> NO State of Residency: _____	Yearly Income (for statistical purposes only) <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"/> 30,001 - 40,000 <input type="checkbox"/> 40,001 - 50,000 <input type="checkbox"/> 50,001 - 60,000 <input type="checkbox"/> 60,001 +	<input type="checkbox"/> Single <input type="checkbox"/> Male <input type="checkbox"/> Married <input type="checkbox"/> Female # of Children: _____
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COLLEGE/UNIVERSITY: Name: _____ Address: _____ City, State, Zip: _____ Phone Number: _____	COLLEGE MAJOR: Expected Degree: AA BA BS MA PHD Certificate/Diploma Expected Date of Graduation: _____
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Did you graduate from High School? _____ Year: _____ Did you receive a GED? _____ Year: _____ Address: _____ City, State, Zip: _____	Are you a first time student? _____ Have you received a GTB Scholarship before? _____ What years? _____ Do you have a degree? _____ If yes, please name: _____
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I WILL BE ENROLLING: <input type="checkbox"/> Freshman <input type="checkbox"/> Junior <input type="checkbox"/> Sophomore <input type="checkbox"/> Senior # of months for AVT: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> AVT	<input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Winter 20____ <input type="checkbox"/> Summer 20____
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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 institution's 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.

By signing below, you are confirming that you 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 must be submitted within 4 weeks of the end of the semester/term in order to receive my scholarship.

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 to me under the Band's Revenue Allocation Ordinance ("RAO", 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 the amount through other means.

FOR OFFICE USE ONLY

	Credits	Earned	GPA
Fall			
Winter			
Spring			
Summer			

Applicant Signature

Date

**** APPLICATION MUST BE FULLY COMPLETE ****