

Grand Traverse Band of Ottawa and Chippewa Indians

Return completed application to:  
 GTB Lifelong Learning Department  
 Higher Education Scholarship Program  
 845 Business Park Drive  
 Traverse City, MI 49686  
 P: (231) 534-7760 ~ (866) 534-7760  
 F: (231) 534-7773

**Higher Education Scholarship  
 Adult Vocational Training Scholarship  
 Program Application**



Last Name:		First Name:		Middle Initial:	Tribal Id #:	Date of Birth:	Social Security Number: XXX-XX-
Permanent Address (if different from mailing address):						<input type="checkbox"/> Single	<input type="checkbox"/> Married
Mailing Address (while attending school):						<input type="checkbox"/> Male	<input type="checkbox"/> Female
Primary Telephone Number:						Number of Children:	
<b>EMAIL ADDRESS (Required):</b>							
<i>PUBLIC COLLEGE OR UNIVERSITY</i>				<i>ADULT VOCATIONAL TRAINING (AVT) FACILITY</i>			
Name:				Name:			
Address:				Address:			
City, State, Zip:				City, State, Zip:			
Telephone Number:				Telephone Number:			
Degree / Major Name:				Adult Vocational Training Program, Licensure, Certification, Diploma Name:			
Higher Education Degree Goal: AGS ASA AA BS BA BCS MA MBA MS PhD Certificate Diploma Other				Adult Vocational Training (AVT) Goal: Certification Licensure Diploma Other: _____			
Expected Date of Graduation:				Program Start Date:		# of Months or Hours of AVT Program?	
Enrolling as: <input type="checkbox"/> Freshman (1-30 crs) <input type="checkbox"/> Junior (61-90 crs) <input type="checkbox"/> Graduate <input type="checkbox"/> Full-Time <input type="checkbox"/> Sophomore (31-60 crs) <input type="checkbox"/> Senior (91-120 crs) <input type="checkbox"/> Part-time				Previous Certification(s), Licensure(s), or Diploma(s), please list:			
Academic year and semester(s) planning to attend: 20____ - 20____				High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No    Year: _____			
<input type="checkbox"/> Fall <input type="checkbox"/> Winter/Spring <input type="checkbox"/> Summer - Must meet criteria, see Guidelines.				School Name:			
Letter of Authorization? <input type="checkbox"/> Yes <input type="checkbox"/> No				City, State, Zip:			
Applying for FAFSA? <input type="checkbox"/> Yes <input type="checkbox"/> No				General Equivalency Diploma (GED)? <input type="checkbox"/> Yes <input type="checkbox"/> No    Year: _____			

**STUDENT STATEMENT / PRIVACY STATEMENT**

I declare the information given by me on this form is true and correct to the best of my knowledge. This information may be shared by the GTB and my selected higher education institution. In the event I withdraw from college any books/fees awarded to me will be recaptured from a future scholarship. I authorize my higher education institution to release to the GTB Higher Education Program all data requested and an official copy of my 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 which I received in error, by duplication of benefits or by double dipping - the use of multiple funding sources for the same costs. The Band may deduct such amount from any per capita payment(s) made 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 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 Program Guidelines and agree to abide by them. I understand my TRANSCRIPT and ACCOUNT SUMMARY must be submitted within 4 weeks of the end of the semester/term in order to receive my scholarship.**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_