



LEECH LAKE BAND OF OJIBWE

190 Sailstar Drive NW
 Cass Lake, MN 56633
 1-866-638-7738 Toll free
 (218) 335-8339 Fax

**APPLICATION FOR
 POST SECONDARY GRANT PROGRAM**

PLEASE USE
 BLACK/BLUE INK

PART 1 - TO BE COMPLETED BY APPLICANT					
I am applying for (<i>check all that apply</i>):					
<input type="checkbox"/> Post Secondary Grant		<input type="checkbox"/> Endowment Fund Grant (<i>*See additional instruction below</i>)			
Last Name	First	Middle	Maiden	Social Security Number	
Permanent Address	Street	City	State	Zip	State of Residency
Date of Birth	Marital Status		Telephone or Cell Phone		Email Address
Name of High School	Year Graduated or GED		Have You Received a BIA or Tribal Grant Before? When _____ Where _____		
Name of College or Vocational School You Plan to Attend			College Major / Vocational Course		
Starting Date	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Year in College/Voc School 1 2 3 4 5 6		Expected Graduation Date
Father's Name		D.O.B.		Tribal Affiliation	
Mother's Name		D.O.B.		Tribal Affiliation	
Person to Contact in Emergency _____ Address _____ Phone _____				• Attention • Name Enrolled Under if Different from Above	
* Endowment Fund Instructions If you are applying for the Endowment Fund you must submit a 250 word essay. The essay must detail why you want to be selected for the grant.				Military Service? Dates From _____ To _____	
<p>I will contact the financial aid office of the institution I have selected and will apply for any and all other aids available to me. I will request that the financial aid office notify my tribe of any financial need and any aid the College/Vocational School offers to me. I further certify that the above information provided to the institution by me may be shared with the appropriate agencies, and I will provide my Tribe with a complete official transcript at the end of the academic year and at any other time as requested. I request that any grant awarded me be mailed to me in care of the financial aid office of the institution I attend. I authorized the Leech Lake Tribal Council to provide prospective employers with my Name, Address, and Major/Minor field of Study upon completion of my academic program. I further authorize the Leech Lake Tribal Council to obtain my Indian Ancestry to determine any eligibility for service and financial assistance.</p>					
_____				_____	
<i>Applicant Signature</i>				<i>Date</i>	
PART II - TO BE COMPLETED BY LEECH LAKE TRIBAL OFFICE					
I hereby certify that the above named applicant is an enrolled member of the Leech Lake Band of Chippewa.					
Enrollment Number _____					
_____				_____	
<i>Certified Official Signature & Title</i>				<i>Date</i>	