

2008-2009 LIBC Lummi Higher Education Scholarship Application

Name _____

Mailing Address _____

City _____

State _____

Zip Code _____

Telephone _____

Message/Cell Phone _____

Email _____

Date of Birth _____

Social Security Number _____

Student Marital Status: (Check one) Unmarried Married Separated Divorced

Number of Dependents _____ Age of Dependents _____

Education

Name of High School or GED Location _____

Date of Graduation or Completion _____

Name of College Attending or Accepted _____

Intended College Major _____

Year in College Freshman Sophomore Junior Senior Masters Ph D

Masters or PH.D Field of Study _____ FT Graduate PT Graduate

Number of Credits _____ (check one) Quarter System Semester System

Where will you live while attending college? (Check one)

Campus Housing Apartment Parent's Home Own Home

Please submit verification of any degrees received.

Tribal Enrollment

Applicant's Enrollment Number _____

Please attach tribal enrollment verification.

Natural Father's Name _____

Date of Birth _____

Father's Address _____

Father's Tribe _____

Natural Mother's Maiden Name _____

Date of Birth _____

Mother's Address _____

Mother's Tribe _____

Statement of Goals Essay (250 word minimum)

On a separate sheet of paper, discuss your personal motivation for seeking a degree. Explain your educational and career goals and reasons for choosing them. Also include any information you feel the LIBC Lummi Higher Education Scholarship Committee needs to know in order to determine your eligibility.

Certification

CERTIFICATION: *If eligible, I understand that a LIBC Lummi Higher Education Scholarship Award will be made available to me through the Financial Aid office at the college I attend. I also understand that this award is for my educational expenses while I am enrolled in a college and maintaining at least a 2.0 GPA or better. I AM TO SUBMIT AN OFFICIAL TRANSCRIPT and REGISTRATION VERIFICATION FOR EACH TERM.*

I HEREBY CERTIFY *that all of the above information is correct to the best of my knowledge. I understand that any information I provide is subject to Federal Review and consent to the release of this and any other relevant information to my Agency, College Financial Aid Officer and the NWIC Scholarship Committee, as applicable, in order to determine my aid and to serve the requirements of the scholarship program.*

I HEREBY GIVE CONSENT *to the Higher Education Scholarship office to release any information (which may include my name and scholarship amounts received) to the LIBC Lummi Higher Education Scholarship Committee at Northwest Indian college upon request.*

Applicant's signature

Date

- ***Applicants must submit a FAFSA annually and an official transcript and registration verification each quarter/semester.***