

RENEWAL HIGHER EDUCATION SCHOLARSHIP APPLICATION
2008-2009 School Year

APPLICANT NAME: _____

MAILING ADDRESS: _____

City

State

Zip Code

TELEPHONE: _____ EMAIL: _____

SOCIAL SECURITY NUMBER _____

STUDENT MARITAL STATUS: ___UNMARRIED ___MARRIED ___SEPARATED

AGE OF DEPENDENTS: _____

NAME OF COLLEGE YOU WILL ATTEND: _____

INTENDED COLLEGE MAJOR: _____

YEAR IN COLLEGE: ___FRESHMAN ___SOPHOMORE ___JUNIOR ___SENIOR ___GRAD

NUMBER OF CREDITS YOU WILL CARRY: ___less than 12 ___12 or more

QUARTER SYSTEM___ OR SEMESTER SYSTEM___

PLEASE LIST AND SUBMIT COPIES OF DEGREES RECEIVED _____

BE SURE TO SUBMIT TRANSCRIPTS FROM PREVIOUS YEAR

CERTIFICATION: If eligible, I understand that a Lummi Tribal Higher Education Scholarship Award will be made available to me through the Financial Aid or Business Office at the college I attend. I also understand that this award is for my educational expenses while I am enrolled in college and maintaining at least 6 credits of college transferable credit and a 2.0 Grade Point Average or better each term. I AM TO SEND A TRANSCRIPT TO THE TRIBE'S HIGHER EDUCATION OFFICE EACH TERM OR FUNDING WILL BE SUSPENDED.

I HEREBY CERTIFY that all of the above information is correct to the best of my knowledge. I consent to the release of this and any other relevant information to my Agency, College Financial Aid Officer and Tribal Scholarship Committee, as applicable, in order to determine my aid.

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 L.I.B.C. Education Commission upon their request.

Applicant's Signature

Date