



Little Traverse Bay Bands of Odawa Indians

Education Department

Preschool - 12th Grade Education Assistance Scholarship Application

Name of student _____

Enrollment # _____ Date of birth _____

Address _____ City/State _____ Zip _____

Phone number _____ Grade _____

Name of school _____

Address (school) _____

City/State _____ Zip _____ School phone# _____

Parent/Guardian (please print) _____

Parent/Guardian Social Security # _____

Parent/Guardian (signature) _____

Director's Signature (Human Serv./Tribal Court, if necessary) _____

It is our plan to use the scholarship award for the following educational expenses:



completed application must include:
photocopy of child's Tribal I.D.



for office use only: date received _____ approved _____
check# _____ check sent _____ initial _____