



Little Traverse Bay Bands of Odawa Indians  
Education Department  
Preschool - 12<sup>th</sup> Grade Education Scholarship Application

Name of Student \_\_\_\_\_

Enrollment # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address\* \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Grade \_\_\_\_\_

Name of School \_\_\_\_\_

Address of School \_\_\_\_\_

City/State of School \_\_\_\_\_

School 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:* \_\_\_\_\_

\*Checks will be sent only to address listed on application and not available for pick-up

*For office use only:*

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Initial \_\_\_\_\_

Check # : \_\_\_\_\_ Check Sent: \_\_\_\_\_ Initial: \_\_\_\_\_