

**Grand Traverse Band of  
Ottawa & Chippewa Indians**

2605 NW Bayshore Drive  
Peshawbestown, MI 49682  
(231) 534-7750 • 1-866-534-7750  
Fax: (231) 534-7568

**The Grand Traverse Band of  
Ottawa and Chippewa Indians**

**HIGHER EDUCATION/AVT GRANT APPLICATION**

**GTB Education Office**

845 Business Park Drive  
Traverse City, MI 49686  
(231) 534-7760 • 1-866-534-7760  
Fax: (231) 534-7773  
School Year 20\_\_\_\_ to 20\_\_\_\_

NAME: Last	First	Middle	Maiden	TID#	BIRTHDATE	SOCIAL SECURITY NO.
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1. PERMANENT HOME:

Address: \_\_\_\_\_  
City State Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
E-mail address \_\_\_\_\_

2. ADDRESS DURING SCHOOL (if different from #1):

Address: \_\_\_\_\_  
City State Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

Veteran Benefits YES\_\_\_ NO\_\_\_  
U.S. Citizen YES\_\_\_ NO\_\_\_  
State of Residency \_\_\_\_\_

Single /\_\_\_/ Male /\_\_\_/  
Married /\_\_\_/ Female /\_\_\_/  
#Children /\_\_\_/

COLLEGE/UNIVERSITY: Public /\_\_\_/ Private /\_\_\_/ BIA /\_\_\_/  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

COLLEGE MAJOR: \_\_\_\_\_  
Expected Degree: AA BA BS MA PHD Cert. Diploma  
Expected Date of Graduation: \_\_\_\_\_

Did you graduate from High School? \_\_\_ Yr: \_\_\_  
Did you receive a GED? \_\_\_ Yr: \_\_\_  
Address of school: \_\_\_\_\_  
City State Zip: \_\_\_\_\_

Are you a first time student? \_\_\_  
Have you received a Tribal scholarship before: \_\_\_  
What years? \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_  
Do you have a degree? \_\_\_ If yes, in what? \_\_\_

I WILL BE ENROLLING  
Fresh. /\_\_\_/ Soph. /\_\_\_/ Jr. /\_\_\_/  
Sr. /\_\_\_/ Other (specify) \_\_\_\_\_  
# of months for AVT \_\_\_\_\_

Full-Time /\_\_\_/ Fall /\_\_\_/ 20\_\_\_  
Part-Time /\_\_\_/ Winter /\_\_\_/ 20\_\_\_  
Special /\_\_\_/ Spring /\_\_\_/ 20\_\_\_  
AVT /\_\_\_/ Summer /\_\_\_/ 20\_\_\_

PLEASE PROVIDE A PERSONAL STATEMENT AS TO YOUR INTENTIONS OR DESIRES ON HOW YOU MAY PLAN TO SERVE YOUR INDIAN COMMUNITY ONCE YOU HAVE SUCCESSFULLY COMPLETED YOUR COURSE OF STUDY.

**STUDENT STATEMENT / PRIVACY STATEMENT**

I DECLARE THAT THE INFORMATION GIVEN BY ME ON THIS FORM IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. THIS INFORMATION MAY BE SHARED BY MY TRIBE AND MY SELECTED HIGHER EDUCATION INSTITUTION. I WILL CONTACT THE INSTITUTION'S FINANCIAL AID OFFICE AND APPLY FOR FINANCIAL AID AVAILABLE TO ME. I REQUEST THE FINANCIAL AID OFFICE TO NOTIFY THE TRIBE OF MY FINANCIAL NEED. IF GRANTED ASSISTANCE, I WILL USE IT ONLY FOR MY APPROVED EDUCATIONAL EXPENSES. TRIBAL SCHOLARSHIP FUNDS AWARDED ME MAY BE MAILED TO ME C/O FINANCIAL AID OFFICE AT THE INSTITUTION I ATTEND. IN THE EVENT I WITHDRAW FROM COLLEGE I WILL RETURN BY CHECK OR MONEY ORDER. THAT PORTION OF THE GRANT COVERING THE BALANCE OF THE TERM FUNDED. I AUTHORIZE THE INSTITUTION I ATTEND TO RELEASE TO MY TRIBAL SCHOLARSHIP FUNDING PROGRAM ALL DATA REQUESTED, AND AN OFFICIAL COPY OF MY GRADE TRANSCRIPT FOR THE ACADEMIC PERIOD(S) FUNDED.

IN ACCORDANCE WITH THE ACCOUNTABILITY REQUIRED FOR THE ADMINISTRATION OF THE FUNDS APPROPRIATED FOR THIS PROGRAM, CERTAIN INFORMATION IS REQUIRED OF THE APPLICANT. THIS FORM SOLICITS THE REQUIRED INFORMATION. THE INTENT OF COLLECTING AND MAINTAINING THIS DATA IS FOR THE DETERMINING OF THE ELIGIBILITY OF THE APPLICANT AND TO PROVIDE THE MEANS FOR PRODUCING CERTAIN STATISTICAL RECORDS REQUIRED OF THIS OFFICE. USE OF PERSONAL DATA WILL BE AVAILABLE TO AUTHORIZED SOURCES. FAILURE ON THE PART OF THE APPLICANT TO PROVIDE THE REQUIRED INFORMATION WILL PRECLUDE THE APPLICANT FROM ELIGIBILITY IN OBTAINING HIGHER EDUCATION ASSISTANCE UNDER THIS PROGRAM.

I HAVE READ THE ABOVE AND HEREBY PROVIDE THE REQUIRED INFORMATION AND AUTHORIZE THE USE OF SUCH INFORMATION TO THE EXTENT OF THE USES SPECIFIED IN THE STATEMENT.

**FOR OFFICE USE ONLY**

	Credits	Earned	G.P.A.
FALL			
SPRING			
SUMMER			

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



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## Signature Page:

*\* This form must be returned with application:*

By signing below, you are confirming that you have read the Grand Traverse Band of Ottawa and Chippewa Indians Higher Education Guidelines and agree to abide by them as written including the pay back agreement.

As outlined in the Higher Education Guidelines, I hereby agree that, in the event I need to repay the Band for a scholarship grant which I had received, the Band may deduct such amount from any per capita payment(s) made to me under the Band's Revenue Allocation Ordinance ("RAO", as codified at 18 GTBC § 1601 *et seq.*) I further understand that, in the event my per capita payment is unavailable or insufficient to satisfy my repayment obligation, I will be responsible for repaying the amount through other means.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This signed signature page must be turned in with your application before there is any consideration of a scholarship.