

MICHIGAN INDIAN (Higher Education) TUITION WAIVER APPLICATION

INTER TRIBAL COUNCIL OF MI, INC.

2956 Ashmun Street
Sault Ste. Marie, MI 49783
TELEPHONE: (906) 632-6896 1-800-562-4957 FAX: (906) 632-6878

READ INSTRUCTIONS ON THE BACK BEFORE COMPLETING THE "STUDENT PORTION" OF THIS FORM.
This form is required to apply for the Michigan Tuition Waiver. Applications must be complete and received by the Inter Tribal Council of Michigan, Inc. (ITC) six (6) weeks prior to class registration or as soon as possible. **INCOMPLETE APPLICATIONS WILL BE RETURNED AND MAY DELAY ELIGIBILITY.**

ADMINISTRATION SECTION
(Applicant Leave Blank)

RESIDENCY _____
TRIBAL CERT. _____
BY _____
DATE VERIFIED _____

STUDENT PORTION - Please PRINT in INK or TYPE

NAME: Last First Middle Maiden BIRTHDAY (mm/dd/yy) *SOCIAL SECURITY NO.:

*PERMANENT HOME: Street Address City State ZIP Code *TELEPHONE NO. & AREA CODE

LENGTH OF RESIDENCY IN MICHIGAN: Months: _____ Years: _____ MI DRIVER LIC.# _____ <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	NATIVE NORTH AMERICAN UNITED STATES <input type="checkbox"/> YES <input type="checkbox"/> NO CANADA <input type="checkbox"/> YES <input type="checkbox"/> NO TRIBES NAME: _____	*FOR STATISTICAL PURPOSES ONLY: (Optional) <input type="checkbox"/> SINGLE <input type="checkbox"/> OTHER _____ <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED No. Of Children In Household _____
--	---	--

PUBLIC MICHIGAN COLLEGE / UNIVERSITY YOU WILL BE ATTENDING:

School Name and Address _____

EXPECTED DEGREE: ASSOCIATES MASTERS COLLEGE MAJOR: _____
 BACHELORS DOCTORATE CERTIFICATE

I WILL BE ENROLLING: FULL TIME PART TIME TERM SEMESTER STARTING TERM OR SEMESTER & YEAR: _____

I WILL BE ENROLLING AS A: FRESHMAN SOPHOMORE JUNIOR SENIOR GRADUATE OTHER

HAVE YOU BEEN APPROVED FOR THE TUITION WAIVER BEFORE? YES NO IF YES, LIST MONTH & YEAR _____
 ARE YOU TRANSFERRING FROM ANOTHER SCHOOL? YES NO
 IF YES, LIST COLLEGE YOU ARE TRANSFERRING FROM: _____

GENEALOGY INFORMATION

PATERNAL: TRIBE (BAND): _____ FATHER'S NAME: _____ GRANDFATHER'S NAME: _____ GRANDMOTHER'S NAME (Maiden): _____	MATERNAL: TRIBE (BAND): _____ MOTHER'S NAME: _____ GRANDFATHER'S NAME: _____ GRANDMOTHER'S NAME (Maiden): _____
--	--

1. I DECLARE THAT THE INFORMATION GIVEN BY ME ON THIS FORM, TO THE BEST OF MY KNOWLEDGE, IS TRUE, CORRECT AND COMPLETE.
2. THIS INFORMATION MAY BE SHARED BY THE INTER-TRIBAL COUNCIL OF MI, INC., MICHIGAN DEPARTMENT OF EDUCATION, MY TRIBE AND MY SELECTED COMMUNITY COLLEGE OR UNIVERSITY.
3. I AGREE TO SEND A COPY OF MY GRADE REPORT TO INTER-TRIBAL COUNCIL UPON COMPLETION OF EACH TERM/SEMESTER, IF REQUESTED.
4. BY SIGNING THIS FORM, I AM DECLARING THAT I HAVE LIVED IN MICHIGAN FOR TWELVE (12) MONTHS PRIOR TO THE DATE ON THIS APPLICATION, AND THAT I AM A CURRENT MICHIGAN RESIDENT.

Applicant's Signature: _____ Date: _____

TRIBAL CERTIFICATION PORTION (This section to be completed by Tribal Chief, Chairperson or Enrollment Officer.)

I HEREBY CERTIFY THAT THE ABOVE NAMED APPLICANT IS 1/4 (ONE-QUARTER) OR MORE DEGREE OF INDIAN BLOOD QUANTUM ACCORDING TO AVAILABLE TRIBAL OR FEDERAL RECORDS. THIS PERSON QUALIFIES FOR THE MICHIGAN INDIAN TUITION WAIVER.

Certifying Official Signature: _____ Date: _____

CERTIFYING OFFICIAL NAME AND TITLE: (Please Print) _____

NAME OF TRIBAL NATION:	AREA CODE & TELEPHONE NO.
ADDRESS:	CITY/STATE: ZIP: