



EDUCATION APPLICATION

Fall Deadline - JUNE 1 Spring Deadline - OCTOBER 1
Summer Deadline: APRIL 1



All information requested is voluntary. However, failure to complete all applicable parts may delay processing your application.

Semester Applying For: FALL WINTER SPRING SUMMER YEAR

Check one: _____ Full time (12 hrs.) _____ Part time (11 hrs. or less)

Type of assistance requested (Check One):

_____ Certificate _____ Associates (2yr) _____ Bachelors (4yr) _____ Graduate _____ Doctoral

First Name: _____ Last Name: _____ MI: _____

Maiden: _____ Date of Birth: _____ EBCI Enrollment #: _____

Telephone #: _____ Male Female Community

Email address: _____ County

Present Mailing Address: _____

Name of High School: _____ Year Graduated: _____

GED Completed from: _____ Year received GED: _____

Have you received previous assistance from the Education & Training Program? (Check One): _____ Yes _____ No

If answering yes, what type of assistance? _____ Year received: _____ _____ Early College
Computer Certificate Associates (2 yr.) Bachelors (4 yr.) Graduate

College/Institution you plan on attending: _____

Program of Study you are interested in: _____

Are you presently employed? _____ Yes _____ No _____ Part time _____ Full time (over 30 hours)

Employer: _____

I agree and give permission for the EBCI Higher Education Program to share any/all of my information with the following:

_____ No, do not share my information with anyone.

I certify that the above information on this form is correct to the best of my knowledge and consent to the release of the information to the necessary agencies to complete the financial aid package. I agree to provide a copy of my grades or transcripts to the Higher Education & Training program after each academic semester. I, the undersigned hereby acknowledge and understand the contents of the Education Guidelines, passed by Tribal Council. I am aware that I must abide by the Guidelines in order to continue receiving funding from the Higher Education & Training Program.

Please enter your name in acknowledgment: _____ Date: _____

Submit via email to: tashpark@nc-chokeee.com
EBCI HigherEducation-----www.tsalagied.com