



**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 (Check One):**  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:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **EBCI Enrollment #:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Male**  **Female**

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

**Computer**  **Certificate**  **Associates (2 yr.)**  **Bachelors (4 yr.)**  **Graduate**

**College/Institution you plan on attending:** \_\_\_\_\_

**Program of Study you are interested in:** \_\_\_\_\_

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.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

SUBMIT APPLICATION TO: [application@ebcihighered.com](mailto:application@ebcihighered.com)  
 PO Box 481-----Cherokee NC 28719-----Phone: (828) 359-6650  
 EBCI HigherEducation-----[www.ebcihighered.com](http://www.ebcihighered.com)