



EDUCATION APPLICATION

Higher 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 Asso	ciates (2yr) Bachelors (4yr)GraduateDoctoral
First Name: Last Na	me: MI:
Maiden: Date of Birth:	EBCI Enrollment #:
Telephone #:	Community:
Email address:	
Present Mailing Address:	
Name of High School:	_ Year Graduated:
GED Completed from:	_ Year received GED:
Have you received previous assistance from the Education & Trainir	ng Program?Yes No
If answering yes, what type of assistance? Year	r received:
Computer Certificate Associates (2 yr.) Bache	elors (4 yr.) Graduate
College/Institution you plan on attending:	
Program of Study you are interested in:	
Did you participate in the Summer Youth College Experience Progra	am? Yes No Year:
I agree and give permission for the EBCI Higher Education Program	n to share any/all 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 agencies to complete the financial aid package. I agree to provide a copy of each academic semester. I, the undersigned hereby acknowledge and unders am aware that I must abide by the Guidelines to continue receiving funding	my grades or transcripts to the Higher Education & Training program after that the contents of the Education Guidelines, passed by Tribal Council.
Student Signature:	Date: