

LEECH LAKE BAND OF OJIBWE

190 Sailstar Drive NW Cass Lake, MN 56633 1-866-638-7738 Toll-free (218) 335-8339 Fax

SCHOOL YEAR	

POST SECONDARY GRANT PROGRAM OUT-OF-STATE FINANCIAL ANALYSIS

TO BE COMPLETED BY THE STUDENT									
TYPE OR PRINT ALL	. RESPONSES T	his application is a:	New Application	n Renewal	Supplement	Revision	Summer School		
Student's Name Maiden				Birth Date					
Home Address City State			Zip Telephone or Cell Phone (include area code)						
Marital Status Married Single Other			Email Address						
Tribe/Reservation Enrolled			Name Enrolled Under if Different from Above						
Father's Full Name			Tribe						
Mother's Full Name			Tribe						
High School Attended City			Year Graduated Year in College/Vocational School 1 2 3 4 5 6						
Total Credits / Semester Major Hours Earned to Date		jor		Minor	Length of Courses				
Institution Attending				Quarter: SS-II Fall Winter Spring SS-I					
PERMISSION FOR INFORMATION RELEASE TO BE SIGNED BY THE APPLICANT									
I hereby give permission to the institution of higher education to share all information pertaining to my financial aid application and/or academic record with the Indian Scholarship Committee and to receive my scholarship check. I also do hereby give permission to the Indian Scholarship Office/Committee to obtain information from all funding sources relating to this application, and obtain my degree of Indian ancestry and/or tribal enrollment.									
Blood Qu	uantum		Signature o	of Applicant Date					
		TO BE CO	MPLETED BY THE	E FINANCIAL AI	IDS OFFICER				
Name and address of	f Institution	10 01 00	MILETED DI III	2 THAIRTEINE	DS OTTICER				
Approved student bu	idget period from	1	to				\$		
Resources	Parent Contribution	\$		Veteran's Benefits \$					
	Student Contribution	l	\$						
	Other, Specify:	cify: \$							
Total Parent, Stude		and Outside Help				\$			
Start Date									
		SS-II	Fall	Winter	Spring	SS-I			
Assessed Need		\$	\$	\$	\$	\$	\$		
	Pell Grant								
College	SEOS								
AID	LOANS								
Recommended India	ın Assistance Grant	\$	\$	\$	\$	\$	\$		
					,	1			
Signature of Financial Aids Officer Phone # Date							Date		
TO EDUCATION OFFICE USE ONLY									
TRIBE									
Approved by		Tribal Education	on	Date					