Education/Professional Development Funds Application

Legal name in full

(Print/Type)

Last Name

First Name

Permanent residence

Street, and Apartment Number

City

State

ZIP

Your address at school

(if different)

Number, Street, and Apartment Number

City (if studying abroad, add country)

State

ZΙ

Date of birth

Age

Month/Day/Year

Name of Establishment to receive funds applied for

Street, and Apartment Number

City

State

ZIP

Phone

Fax

Current cumulative GPA

Number of college credits earned to date

Total number of credits required for graduation

Expected date to receive baccalaureate degree

Degree you will receive

Graduate degree(s) sought

Concentration/Focus

List the secondary school from which you graduated, and all higher education institutions attended. Include summer, study abroad, exchange programs and your nominating institution.

List here specifically what the funds requested are for; such as an individual training session or a semester tuition grant:

Amount requested:	Job Training/Education Fee Deadline:
List college and high school activities school	s (student government, sports, publications,
List public service and community ac protection/conservation, advocacy ac	tivities (homeless services, environmental ctivities etc.).
jobs and internships since high school	ol graduation.
List awards, scholarships, publication	ns or special recognitions you have received.
list any reasons the previous question	rovided or attach another piece of paper to ns have not covered that qualify you for the splanation as to why you have applied for

All of the information provided is true and accurate to	the best of my knowledge.
I understand that if any of the above information has am committing fraud and may not apply for education funds again, and may also be held accountable to apfunds that have been paid out under the falsified applegal penalty.	n/professional development propriate or pay back any
understand that I am responsible for submitting seme reports to the tribal council and education committee	•
understand that I may need to submit a form of procent of procent as a full time student.	of if requested that I am
I understand that if my use of funds has been deeme intended use, or abusing the system I may be subjec be eligible to apply for funds through the Healy Lake	t to investigation and will not
Signed:	Date:
Approved	
Signed:	Date: