MASSACHUSETTS INDIAN ASSOCIATION Organized 1883

President & Chairman of the Scholarship Committee

Marjorie M. Findlay 245 Rockland Road Carlisle, MA 01741 Treasurer

Susan Sarcia 44 High Street Woodstock, VT 05091

Dear Student:

We are enclosing the Application and Financial Aid Verification Form which you requested. A grant from the Massachusetts Indian Association currently has a maximum of \$750.00 annually (12 month period) for full time undergraduate students and \$1500.00 annually for graduate students. This sum may vary from time to time with the availability of funds. Part time students may receive aid in lesser amounts if our funds permit. The intention of MIA is to offer supplementary money towards expenses for books, lab fees, etc., but which may be applied toward tuition if necessary.

IMPORTANT: Please be sure all correspondence carries your Social Security number, current address, phone number or e-mail address and date. Keep this sheet for further reference.

INFORMATION FOR NEW APPLICANTS:

- 1. The application should be filled out completely.
- 2. The Financial Aid Verification Form should be filled out by the Financial Aid Office at the college the student will be attending.
- 3. Both forms should be returned (preferably by mail, either together or separately by the deadline dates (Sept. 1 and Jan. 1) to the Scholarship Chairman:

Marjorie M. Findlay 245 Rockland Road Carlisle, MA 01741 Fax: 978-369-5828

The application cannot be considered without both forms. If your application is approved, you will be notified and a check in your name will be sent to the Office of Financial Aid at your college or university.

INFORMATION FOR RECIPIENTS OF CONTINUING AID:

Once a student has been accepted for aid from MIA, she/he will receive funding as long as she/he is in good standing at their college AND sends an update letter and a copy of the last semester's transcript to Mrs. Findlay at the **beginning of each term**.

		1
ļ		

MASSACHUSETTS INDIAN ASSOCIATION Organized 1883

APPLICATION FOR FINANCIAL AID

Return this application to the Chairman of the Scholarship Committee:

Marjorie M. Findlay 245 Rockland Road Carlisle, MA 01741

		DATE OF APPLICATION:	
NAME:			
SOCIAL SECURITY #:	DATE OF	BIRTH:	
CURRENT ADDRESS:			
CURRENT PHONE #:	CURRENT	E-MAIL ADDRESS:	
MARRIAGE STATUS:	CHILDREN:	AGES:	
NAME OF TRIBE:		TRIBAL#:	
NAME OF PARENTS:			
HOME ADDRESS:			
		YEAR GRADUATED:	
NAME OF PREVIOUS COLLEGE, IF A	NY:		
NAME OF COLLEGE YOU ARE ATTE	NDING:		
ADDRESS OF COLLEGE:			
TELEPHONE # OF COLLEGE I	FINANCIAL AID OFFICE	•	
DATE YOU PLAN TO ENTER:	DATE YOU PI	LAN TO GRADUATE:	
FOR WHAT DEGREE ARE YOU CURI	RENTLY WORKING:		
CHECK ONE: Full time student	Part time Continuing	ı Ed	
HAVE YOU EVER APPLIED OR RECE		CE FROM MASSACHUSETTS INDIAN D FOR WHAT COLLEGE?	

MASSACHUSETTS INDIAN ASSOCIATION Organized 1883

FINANCIAL AID VERIFICATION FORM TO BE FILLED OUT BY FINANCIAL AID OFFICER

COLLEGE:	<u>;</u>	AD	DRESS:		
the maximum of for graduate stu paid to the colle Indian Associati be applied towa	f \$750.00 annual dents. Part-time ge through the C on is to offer sup	ly (12 month period e students may rece Office of Financial Ai oplementary money ist MIA in selecting) for full-time und ive smaller grant d for the student towards books, la	lents with financial aid, currently with lergraduate students and \$1500.00 s if funds are available. The aid is . The intention of the Massachusetts ab fees, etc., but, if necessary, may information about this student who	
NAME	NAME SOCIAL SECURITY#				
STUDENT'S CC	LLEGE ADDRE	SS			
DEGREE SOUG	HT BY STUDE	NT			
ENROLLED F	ULL TIME	PART TIME	_ CONTINUING	ED	
If student has co	mpleted one or	more semesters, ha	s she/he maintai	ned a satisfactory grade?	
In your opinion,	is aid from MIA r	needed?			
Do you have doo	cumented evider	ce on the Native Ar	nerican backgrou	und of this student?	
If a change in th	e student's scho	ol status occurs dur	ing the year, will	you please advise the MIA?	
Signature			Positio	on	
Phone #		_Fax#	E-r	nail	
College office su	ipplying informat	ion:			

PLEASE SUPPLY ANY OTHER COMMENTS ON THE REVERSE SIDE OF THIS FORM.

MIA Scholarship committee will review all data upon receipt of this sheet. To continue receiving aid in subsequent semesters, the student need only send an update letter and a transcript from the last semester to the Scholarship Chairman. Aid will continue as funds permit. Please return this form to the Chairman of the Scholarship Committee. Thank you for your assistance.

Marjorie Findlay 245 Rockland Road Carlisle, MA 01741 FAX: 978-369-5828

FINANCIAL INFORMATION: A: Cost of tuition, board and room: B: All sources of funds:	\$
Personal earnings	\$
Family Aid	\$
Federal Aid	\$
State Aid	\$
College Grants	\$
Other scholarships	\$
C: TOTAL AID still required:	\$
	T YOURSELF, YOUR GOALS, OR ANY OTHER KE TO SHARE WITH US. Use an additional sheet of
At times we may need to speak with some attending. Please sign below authorizing the	one in the Financial Aid Office at the school you are nem to speak with us concerning your financial needs.
I,autho	orize the Financial Aid Office at
(name of student) to speak with a representative of the Massa needs.	(college attending) achusetts Indian Association concerning my financial
(signature of applicant)	(date)