TURTLE MOUNTAIN BAND OF CHIPPEWA INDIANS TRIBAL HIGHER EDUCATION SCHOLARSHIP PROGRAM (TSP) APPLICATION POST OFFICE BOX 900 BELCOURT, NORTH DAKOTA 58316

TELEPHONE # (701) 477-8102 FAX #(701) 477-8053

INDICATE THE SCHOOL TERM YEAR	₹:	APPLIC	ATION
FIRST NAME: MIDDLE	E NAME:	LAST	NAME
MAIDEN NAME: Other Names Used:			
This Application is for (Circle One): New Stude	ent Continuing	Student Former Student	dent Graduate Student
Social Security #	Age:	DATE OF	BIRTH:
Martial Status:SingleMarried	Other	Gender:	FemaleMale
Telephone No.			
ADDRESS* (P.O. Box No. or Street Address)			
(City, State, Zip Code)		-	
(*Any correspondence regarding your funding, Academic Progress, Etc. will be sent to you at the above address listed.)			
High School Graduate:YesNo Year Graduated: GED Graduate:YesNo Type of High School:BIATribalPrivateMissionPublic List Name, City & State of High School graduated from: (Name of High School)			
	(City)	(State)	(Zip Code)
Name & Address of College/University Attending:		Year in College:1 Major Field of Study:_	234GRD
		Expected Degree:A	AASAASBABS
(City) (State) (Zip Code)		Expected Date of Gradu	uation:
Indicate EACH School Term you will be attending:	Academic Year	; Indicate if requesting	funds for Summer
	Fall Qtr/Sem.	Wtr Qtr/Sem.	Spring Qtr/Sem.
I hereby certify that the above information on this form information to and from necessary agencies in order to c will be mailed in care of the College/University Financia requirements, I further understand that failure to prove promptly upon completion of the Semester/Quarter may my transcript, if needed, and to release my name and ad	complete my TSP l al Aid Office that I the Turtle Mount result in a delay o	t to the best of my knowl File. I understand that a will be attending and sh ain Scholarship Office w of funding. I also grant t	ny Tribal Scholarship awarded to me would I fail to satisfy the academic ith a Transcript and/or grades he TSP Office permission to request

DATE:_____

SIGNATURE:____