



Fond du Lac Reservation Scholarship Application Process

Student Name _____ Date _____

Name of School _____ Start Date _____

1. Fond du Lac Scholarship Application & Budget

- Application-to be completed annually, due July 1. _____
- Budget Sheet-Please complete **Section A**. Bring to your financial aid office. They will complete and return it to our office. _____
- Release of Information _____
- Repayment Agreement/Per Capita _____
- Policies & Procedure acknowledgment _____

2. FAFSA

- Students must apply for financial aid each year. This is done by completing the Free Application for Federal Student Aid (FAFSA). The FAFSA uses federal tax information from the previous year to determine your financial aid eligibility. www.fafsa.gov _____

3. Minnesota Indian Scholarship Program Application

- This application is for MN residents attending a college, university, technical college or private career school in the state of MN. www.ohe.state.mn.us Click on-line application for the MN Indian Scholarship Program. _____

4. Other Documentation needed

- Copy of all/any transcripts & **current schedule** _____
- Education Plan _____
- Copy of high school diploma or G.E.D. (required once) _____
- W-9 must be done for payment purposes. (required once) _____
- Admissions Letter (from current school) _____

5. Miscellaneous

- Academic Glossary (for your information) _____



www.fdlrez.com

Fond du Lac Tribal Scholarship Program

Scholarship Office / Fond du Lac Tribal Center
1720 Big Lake Road
Cloquet, MN 55720
scholarships@fdlrez.com
1-800-365-1613
218-879-4593, ext. 2681
Fax: 218-878-7529

Date Received at
Scholarship Office:

Application for: Year: _____ <input type="checkbox"/> New <input type="checkbox"/> In State <input type="checkbox"/> Full Time <input type="checkbox"/> Renewal <input type="checkbox"/> Out State <input type="checkbox"/> Part Time	Student Status: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior Year in Graduate School: _____
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PART I : TO BE COMPLETED BY THE APPLICANT*

* All information is voluntary. However, failure to provide information may result in delays in processing this application.

Last Name: _____ First: _____ MI: _____ Maiden: _____

Permanent Address: Street: _____ City: _____ State: _____ Zip: _____ Email: _____

Phone: _____ Cell Phone: _____ Social Security Number: _____

Date of Birth: _____ Name of High School: _____ Year Graduated: _____ GED: _____ Year Received _____

Name and Address of School Attending: _____

College Major: _____ or Technical Program: _____ Starting Date: _____

I am applying for (check all that apply): Term I Term II Term III Summer Weekend Program

Online Courses? Yes No How many: _____ # of Online Credits: _____ What is the length of your program: _____

What is your expected graduation date?: Month: _____ Year: _____ Date FAFSA Completed: _____

What type of degree are you seeking? AA or other two-year BA/BS MA Doctoral Technical Certificate or Diploma

Have you ever applied to the FdL Scholarship Program in the past? Yes: No

If you checked yes, list all schools, dates of attendance, and total credits earned: _____

Mother's Name: _____ Maiden: _____ DOB: _____ Tribal Affiliation: _____

Father's Name: _____ DOB: _____ Tribal Affiliation: _____

Permission For Release of Information & Understanding of FdLSP Guidelines

As soon as I have been accepted for Admission to the school I have selected, I agree to contact the Financial Aid Office and apply for all other Financial Aid EXCEPT Student Loans. I will notify the Fond du Lac Scholarship Program (FdLSP) should I decide student loans are necessary. Further, I understand that accepting loans may reduce the amount of my award from the FdLSP and that the Financial Aid Office confirm all loan amounts prior to my start date to the FdLSP. I give permission for the school to share any and all post-secondary enrollment information with the FdLSP, and I understand it is my responsibility to submit grades at the end of each term or other time as requested. I understand my scholarship check will be sent to the school I am attending, *not directly to me*, and as a third party check it will be processed through their accounting system. And finally, I give permission for the FdLSP staff to obtain my FdL enrollment status to determine eligibility for the Scholarship Program.

Applicant Signature: _____ FdL Scholarship Staff: _____ Date: _____

Date: _____ Student meets FdL Enrollment Requirement: Yes No

Part II: Reverse side to be completed by Financial Aid Office

Scholarship Budget Sheet: PART II, Sections A, B, C.
A: Student Completes B: Financial Aid Office Completes
C: RED AREAS Scholarship Director Completes

SECTION A

Student _____ SS# _____ In State Out State
 Institution / School _____ Full Time Part Time
(Name and Address) _____ Academic Year: _____
 Academic Calendar: Quarters Trimesters Semesters Weekend Schedule Online Revision

SECTION B

Academic Terms	FALL	WINTER	SPRING	SUMMER	TOTAL
Start Dates					
Number of Credits					

1. SCHOOL COSTS

Tuition/Fees:					
Books/Supplies:					
Room/Board:					
Transportation:					
Personal exp:					
Total:					

SECTION C

To be completed by Scholarship Director:

Allowable costs: _____

SECTION B

2. RESOURCES

Student Contribution:					
Parent Contribution:					
Other:					

3. FINANCIAL AID

Pell Grant:					
SEOG:					
MN State Grant:					
MN Indian Scholarship:					
College Gift Aid:					
Stafford Loan (Sub):					
Stafford Loan (UnSub):					
Perkins Loan:					
Plus Loan:					
Other:					

4. BALANCE

Unmet Need: _____
(Amount to be recommended to the Scholarship Program)

Financial Aid Director/Staff _____ Date: _____ Phone: _____ Email: _____

SECTION C

5. SCHOLARSHIP APPROVED:

Amount: _____

Scholarship Director/Staff _____ Date: _____ Phone: **218-878-2633** _____ **rachellewest@fdlrez.com**



Fond du Lac Reservation Scholarship Program

RELEASE OF INFORMATION

Student Name: _____

Last 4 digits of Social Security: _____

Current Student I.D. Number: _____

School currently attending/name and address: _____

Previous post secondary schools attend with dates:

I hereby give permission to the college, university, technical or private career school(s) to release all enrollment status. This includes areas of Admissions, Financial Aid, Academic Progress and any other related information to the:

Fond du Lac Scholarship Program
F.d.L. Tribal Center
1720 Big Lake Rd.
Cloquet, MN 55720
Fax 218-878-7529

Attach this to your FdL Scholarship application and return to our office. We will forward it to the appropriate school(s).

Student Signature

Date

FOND DU LAC SCHOLARSHIP PROGRAM
STUDENT AGREEMENT



I _____, am an enrolled member of the Fond du Lac Band of Lake Superior Chippewa who has applied for scholarship assistance through the Fond du Lac Scholarship Program (FdLSP) to attend _____ for Academic Year _____. I have read the FdLSP Policies, Guidelines and Instructions and understand what my responsibilities are as a scholarship recipient. I agree to abide by all policies governing the FdLSP.

Failure to comply will change my eligibility status and I may be placed on Academic Probation, Suspension (minimum of one calendar year) or Termination (minimum of five years) resulting in my scholarship awards being immediately cancelled. Further, I have read and signed the "Repayment Agreement" as established by the FdLSP and the FdL Reservation Committee (RBC).

I agree to take full responsibility for the successful completion of my academic program.

Student Signature

Date



**FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA SCHOLARSHIP PROGRAM
REPAYMENT AGREEMENT & SECURITY ASSIGNMENT OF PER CAPITA PAYMENT**

THIS AGREEMENT AND SECURITY ASSIGNMENT IS BY AND BETWEEN THE UNDERSIGNED STUDENT AND THE FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA IN ORDER TO ASSURE THAT FINANCIAL AID AWARDED BY THE BAND IS USED IN ACCORDANCE WITH APPLICABLE PERFORMANCE STANDARDS.

Name of Student: _____

Academic Institution: _____

Academic Terms: _____

ACKNOWLEDGEMENT OF RECEIPT OF PROGRAM POLICIES: By signing this document, the student acknowledges receipt of the Fond du Lac Scholarship Program policies, procedures, guidelines, and instructions; and understands the financial standards established by the school of attendance.

DEFAULT: In the event of default to any of Fond du Lac Scholarship Program conditions, student acknowledges that the amount in default will be deducted from the student's per capita payments. The Fond du Lac Scholarship Program staff will determine the amount to be deducted each month until default is paid in full.

COURT ORDER NOT NECESSARY: The student understands and acknowledges that the student's signature on this form, without further collection measures, constitutes a legally sufficient basis for withholding per capita as set forth above.

DISPUTE RESOLUTION: Any dispute arising under this agreement and voluntary assignment shall be subject to the exclusive jurisdiction of the Fond du Lac Band of Lake Superior Chippewa.

Student Signature

Date

Fond du Lac Reservation Scholarship Program

Academic Progress Report

Student Name _____
College Attending _____ Date _____

Class: _____ Credits _____ Current Grade: A B C D F

Is attending class: Regularly Sporadically Never Is completing assignments: Regularly Sporadically Never

Comments _____

Instructors signature _____ Date _____

Class: _____ Credits _____ Current Grade: A B C D F

Is attending class: Regularly Sporadically Never Is completing assignments: Regularly Sporadically Never

Comments _____

Instructors signature _____ Date _____

Class: _____ Credits _____ Current Grade: A B C D F

Is attending class: Regularly Sporadically Never Is completing assignments: Regularly Sporadically Never

Comments _____

Instructors signature _____ Date _____

Class: _____ Credits _____ Current Grade: A B C D F

Is attending class: Regularly Sporadically Never Is completing assignments: Regularly Sporadically Never

Comments _____

Instructors signature _____ Date _____

Class: _____ Credits _____ Current Grade: A B C D F

Is attending class: Regularly Sporadically Never Is completing assignments: Regularly Sporadically Never

Comments _____

Instructors signature _____ Date _____