

**BAY MILLS INDIAN COMMUNITY
INCENTIVE PROGRAM**

SCHOOL YEAR 20__ 20__

NAME: Last First Middle Maiden	BIRTHDATE:	SOCIAL SECURITY NO:
PERMANENT HOME: Address: _____ City, State, Zip: _____ EMAIL: _____ VETERAN BENEFITS: YES NO U.S. CITIZEN: YES NO STATE OF RESIDENCY: _____	PHONE NO: _____ () SINGLE /_____/ MALE /_____/ MARRIED /_____/ FEMALE /_____/ # CHILDREN /_____/	
NAME OF HIGH SCHOOL ATTENDED: Date Grad. H.S. _____ Date GED Rec'd. _____ None _____ Public /_____/ Private /_____/ BIA /_____/	(APPLICANT LEAVE BLANK) TRIBE: _____ DEGREE _____ DATE OF ADOPTION: _____ CERTIFIED BY _____ DATE: _____	
COLLEGE /UNIVERSITY Public /_____/ Private /_____/ BIA /_____/ Name: _____ Address: _____ City, State, Zip: _____	COLLEGE MAJOR: EXPECTED DEGREE (Circle One) AA BA BS MA Ph.D. Cert. Diploma	
I WILL BE ENROLLING: Freshman /____/ Sophomore /____/ Junior /____/ Senior /____/ Other (Specify): _____	FULL-TIME / / FALL /____/ 20____ PART-TIME /____/ WINTER / / 20____ SPECIAL /____/ SPRING /____/ 20____ SUMMER /____/ 20____	
TOBE COMPLETED BY NEW APPLICANT ONLY: TRIBE: _____ FATHER: FATHER'S FATHER: _____ FATHER'S MOTHER: _____	TRIBE: _____ MOTHER (Maiden Name): MOTHER'S FATHER: MOTHER'S MOTHER: (Maiden Name)	

STUDENT'S STATEMENT

I declare that the information given by me on this form is true, correct and complete to the best of my knowledge. This information may be shared by the Bureau of Indian Affairs, my Tribe and my selected higher education institution. I will contact the institution's financial aid office and apply for financial aid available to me. If granted assistance, I will use it only for my approved educational expenses. The Tribal Incentive Awards will be mailed to me. In the event I withdraw from college or fail to maintain a "C" average grade point, I will repay the amount provided by the Tribe, and that if I fail to do so, the Tribe may utilize any and all remedies available under law to obtain reimbursement. I agree and understand that present and future funds due to me on behalf of the Tribe, may be utilized to satisfy this debt, if I fail to reimburse the tribe and maintain agreed to payments. I hereby authorize those deductions. Failure to repay will result in loss of eligibility for future awards from tribally administered funds, and potential court action against me. I also authorize the institution I attend to release to the education office of B.M.I.C. an official copy of my grade transcript for the academic period(s) funded. This may also include attendance.

Applicant's Signature: _____ Date: _____

In accordance with the accountability required for the administration of funds appropriated for this program, certain information is required of the applicant. This form solicits the required information. The intent of collecting and maintaining this data is for determining the eligibility of the applicant and provide the means for producing certain statistical records required of the office. Use of personal data will be available to authorized sources. Failure on the part of the applicant to provide the required information will preclude the applicant from eligibility of obtaining the incentive award.

I have read the above and hereby provide the required information and authorized the use of such information to the extent of the uses specified in the statement.

Applicant's Signature: _____ Date: _____