



Bay Mills Indian Community

12140 West Lakeshore Drive
Brimley, Michigan 49715
(906) 248-3241 Fax-(906) 248-3283



Financial Need Verification Form

TO BE COMPLETED BY THE STUDENT

(PRINT CLEARLY)

Student Name: _____ Tribal ID#: _____

College Name: _____ Student ID#: _____

College Address: _____

City, State, Zip: _____

Student's signature: _____ Date: _____

By signing, I give permission for release of financial information to the Education Department at Bay Mills Indian Community.

TO BE COMPLETED BY THE FINANCIAL AID OFFICE

At the time of enrolling did the student above demonstrate a financial need?

Yes or No (*please circle one*) _____ Award Year/Semester: _____

Financial Aid Name (print): _____

Financial Aid Signature: _____

Financial Aid Phone#: _____

Date: _____

Please mail, fax or email this form back to:

Bay Mills Indian Community
Education Department
12140 West Lakeshore Drive
Brimley, MI 49715
Phone: (906)248-8128
Fax: (906) 248-3283
Email: sbelk@bmcc.edu