



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](mailto: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: \_\_\_\_\_

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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 received a FdL Scholarship 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