



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

www.fdlrez.com

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: _____
---	--

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 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