



Little Traverse Bay Bands of Odawa Indians
Education Department
Preschool - 12th Grade Education Scholarship Application

Name of Student _____

Enrollment # _____ Date of Birth _____

Mailing Address* _____

City/State _____ Zip Code _____

Phone Number _____ Grade _____

Name of School _____

Address of School _____

City/State of School _____

School Zip _____ School Phone # _____

Parent/Guardian (please print) _____

Parent/Guardian Social Security # _____

Parent/Guardian (signature) _____

Director's Signature (Human Serv/Tribal Court if necessary) _____

It is our plan to use the scholarship award for the following educational expenses: _____

Sign up for updates from LTBB K-12 Services by texting "K12" to "33222."
Standard text msg and data rates apply.

*Checks will be sent only to address listed on application and not available for pick-up

For office use only:

Date Received: _____ Date Approved: _____ Initial _____

Check # : _____ Check Sent: _____ Initial: _____