



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

Name of Student _____

Enrollment # _____ **Date of Birth** _____

Mailing Address _____

City _____ **State** _____ **Zip Code** _____

Phone Number _____ **Grade** _____

Name of School _____

Address of School _____

City of School _____ **State of School** _____ **School Zip** _____

School Phone Number _____

Parent/Guardian (Please print) _____

Parent/Guardian E-mail _____

Parent/Guardian Enrollment # _____

Parent/Guardian Signature _____

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

It is our plan to use the scholarship award for the following educational expenses to support and enhance our child's educational needs:

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

For office use only:

Date Received: _____ Date Approved: _____ Initial: _____

Check #: _____ Check Sent: _____ Initial: _____