Pre K-12th Grade Scholarship Application

Waganakising Odawak (LTBB) Niigaandiwin Education Department
7500 Odawa Circle, Harbor Springs, MI, 49740
(P) 231-242-1480 (F) 231-242-1490

APPLICATIONS ACCEPTED AUGUST 1ST THROUGH JULY 31ST FOR EACH ACADEMIC YEAR

Student Full Name:

Enrollment #:

Date of Birth:

Student Mailing Address: ***Must be the same address on file with LTBB Enrollment Dept***

School Name:

School State:

School City:

Grade Level Student is Enrolled In:

Academic Year Applying For:

Parent/Guardian Name:

Enrollment #:

Parent/Guardian Email:

Parent/Guardian Phone:

☐ **Check if form is being completed by Human Services or Tribal Court Authorized Official**
By signing this form, I certify that this appropriation will be used towards educational expenses. Furthermore, I confirm that I have custody of the student listed on this application.

Parent/Guardian or Other Authorized Official Signature:

Date:_____

☐ **By checking this box and typing my name above, I am electronically signing this scholarship form.**

QUESTIONS?

Contact the Education Department at (231) 242-1480 or at academicservices@ltbbodawa-nsn.gov