

MICHIGAN INDIAN ELDERS ASSOCIATION

2017 SCHOLARSHIP APPLICATION



	Last	First	Middle Initial
AILING ADDRESS			
AILING ADDRESS	Street Address		PO Box
	City	State	Zip code
	()		
	Telephone Number		
THER'S NAME			
THER'S NAME			
ILING ADDRESS			
	Street Address		PO Box
	City	State	Zip code
	()		
	Telephone Number		
I AM GRANTED A SO E END OF THE SEM REBY AGREE THAT YS OF WITHDRAW IHDRAW FROM SCI	CHOLARSHIP AND I WITHDRAY MESTER/TERM FOR WHICH I H I I SHALL RETURN ALL SCHOI ING FROM SCHOOL. I UNDER HOOL FOR MEDICAL REASONS	of verification from your Tribal Enrollm W FROM COLLEGE, UNIVERSITY OR AVE RECEIVED MONIES FROM THE LARSHIP MONIES TO SAID FUND WI STAND THAT EXCEPTIONS CAN BE OR OTHER EXTENUATING CIRCUMS FINAL DETERMINATION ON THE V	TECHNICAL SCHOOL BEFO E MIEA SCHOLARSHIP FUNI ITHIN THIRTY (30) CALEND MADE TO THIS POLICY I TANCES. I UNDERSTAND TH
I AM GRANTED A SO EE END OF THE SEND CREBY AGREE THAT LYS OF WITHDRAW THDRAW FROM SCI EE SCHOLARSHIP CO CREE TO INFORM T	CHOLARSHIP AND I WITHDRAY MESTER/TERM FOR WHICH I H I I SHALL RETURN ALL SCHOI ING FROM SCHOOL. I UNDER HOOL FOR MEDICAL REASONS OMMITTEE WILL MAKE THE	V FROM COLLEGE, UNIVERSITY OR AVE RECEIVED MONIES FROM THE LARSHIP MONIES TO SAID FUND WI STAND THAT EXCEPTIONS CAN BE	TECHNICAL SCHOOL BEFO E MIEA SCHOLARSHIP FUNI ITHIN THIRTY (30) CALEND E MADE TO THIS POLICY I TANCES. I UNDERSTAND THE VALIDITY OF MY REASONS
I AM GRANTED A SO EE END OF THE SEND EREBY AGREE THATE EVEN OF WITHDRAW THDRAW FROM SCI EE SCHOLARSHIP CO EREE TO INFORM TO OM SCHOOL.	CHOLARSHIP AND I WITHDRAY MESTER/TERM FOR WHICH I H I I SHALL RETURN ALL SCHOI ING FROM SCHOOL. I UNDER HOOL FOR MEDICAL REASONS OMMITTEE WILL MAKE THE	W FROM COLLEGE, UNIVERSITY OR AVE RECEIVED MONIES FROM THE LARSHIP MONIES TO SAID FUND WISTAND THAT EXCEPTIONS CAN BE OR OTHER EXTENUATING CIRCUMS FINAL DETERMINATION ON THE W	TECHNICAL SCHOOL BEFO E MIEA SCHOLARSHIP FUNI ITHIN THIRTY (30) CALEND E MADE TO THIS POLICY I TANCES. I UNDERSTAND THE VALIDITY OF MY REASONS
I AM GRANTED A SOIE END OF THE SENCEREBY AGREE THATAYS OF WITHDRAW THORAW FROM SCIE SCHOLARSHIP COREE TO INFORM TOM SCHOOL.	CHOLARSHIP AND I WITHDRAY MESTER/TERM FOR WHICH I H I I SHALL RETURN ALL SCHOI ING FROM SCHOOL. I UNDER HOOL FOR MEDICAL REASONS OMMITTEE WILL MAKE THE	W FROM COLLEGE, UNIVERSITY OR AVE RECEIVED MONIES FROM THE LARSHIP MONIES TO SAID FUND WISTAND THAT EXCEPTIONS CAN BE OR OTHER EXTENUATING CIRCUMS FINAL DETERMINATION ON THE WE COORDINATOR, IN WRITING, OF	TECHNICAL SCHOOL BEFO E MIEA SCHOLARSHIP FUNI ITHIN THIRTY (30) CALEND E MADE TO THIS POLICY I TANCES. I UNDERSTAND THE VALIDITY OF MY REASONS
I AM GRANTED A SIE END OF THE SEMEREBY AGREE THATAYS OF WITHDRAW THORAW FROM SCIES CHOLARSHIP COREE TO INFORM TO OM SCHOOL.	CHOLARSHIP AND I WITHDRAY MESTER/TERM FOR WHICH I H I I SHALL RETURN ALL SCHOI ING FROM SCHOOL. I UNDER HOOL FOR MEDICAL REASONS OMMITTEE WILL MAKE THE	W FROM COLLEGE, UNIVERSITY OR AVE RECEIVED MONIES FROM THE LARSHIP MONIES TO SAID FUND WISTAND THAT EXCEPTIONS CAN BE OR OTHER EXTENUATING CIRCUMS FINAL DETERMINATION ON THE VECOORDINATOR, IN WRITING, OF	TECHNICAL SCHOOL BEFO E MIEA SCHOLARSHIP FUNI ITHIN THIRTY (30) CALEND E MADE TO THIS POLICY I TANCES. I UNDERSTAND THE VALIDITY OF MY REASONS
I AM GRANTED A SO IE END OF THE SEM CREBY AGREE THAT LYS OF WITHDRAW ITHDRAW FROM SCI IE SCHOLARSHIP COREE TO INFORM TO OM SCHOOL. Inature of Student Inature of Parent COMPLIANCE WITHIN PRIVACY ACT, THE COPY OF MY GRADI	CHOLARSHIP AND I WITHDRAY MESTER/TERM FOR WHICH I H I I SHALL RETURN ALL SCHOI ING FROM SCHOOL. I UNDER HOOL FOR MEDICAL REASONS OMMITTEE WILL MAKE THE THE SCHOLARSHIP COMMITTE. H PUBLIC LAW 93-380, 93 RD COLE HE HIGH SCHOOL, COLLEGE, U E TRANSCRIPT TO BE MADE A	W FROM COLLEGE, UNIVERSITY OR AVE RECEIVED MONIES FROM THE LARSHIP MONIES TO SAID FUND WISTAND THAT EXCEPTIONS CAN BE OR OTHER EXTENUATING CIRCUMS FINAL DETERMINATION ON THE VECOORDINATOR, IN WRITING, OF	TECHNICAL SCHOOL BEFORE MIEA SCHOLARSHIP FUNITHIN THIRTY (30) CALENDE MADE TO THIS POLICY ITANCES. I UNDERSTAND THE ALIDITY OF MY REASONS MY DECISION TO WITHDRE MY PERMISSION TO RELEASE
I AM GRANTED A SO E END OF THE SEM REBY AGREE THAT YS OF WITHDRAW THDRAW FROM SCI E SCHOLARSHIP COREE TO INFORM TO OM SCHOOL. THAT THE STANDARD STANDARD SCHOOL THAT THE STANDARD SCHOOL SCHOOL THAT THE SCHOLARSHIP SCHOOL SCHOOL TO PRIVACY ACT, THE SCHOOL SCHOOL SCHOOL TO PRIVACY ACT, THE SCHOOL SCHOOL SCHOOL SCHOOL THE SCHOLARSHIP TO SERVE SCHOOL SCHOOL SCHOOL SCHOOL THE SEM SCHOLARSHIP TO SERVE SCHOOL SCHOOL SCHOOL SCHOOL TO SERVE SCHOOL SCHOOL SCHOOL TO SERVE SCHOOL SCHOOL SCHOOL THE SEM SCHOOL SCHOOL SCHOOL SCHOOL THE SEM SCHOOL SCHOOL SCHOOL SCHOOL THE SEM SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL THE SEM SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL THE SEM SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL THE SEM SCHOOL	CHOLARSHIP AND I WITHDRAY MESTER/TERM FOR WHICH I H I I SHALL RETURN ALL SCHOI ING FROM SCHOOL. I UNDER HOOL FOR MEDICAL REASONS OMMITTEE WILL MAKE THE THE SCHOLARSHIP COMMITTE. H PUBLIC LAW 93-380, 93 RD COLE HE HIGH SCHOOL, COLLEGE, U E TRANSCRIPT TO BE MADE A	W FROM COLLEGE, UNIVERSITY OR AVE RECEIVED MONIES FROM THE LARSHIP MONIES TO SAID FUND WISTAND THAT EXCEPTIONS CAN BE OR OTHER EXTENUATING CIRCUMS FINAL DETERMINATION ON THE VECOORDINATOR, IN WRITING, OF Date Date Date Date NGRESS, H.R. 69, 21 AUGUST 1974, FANIVERSITY OR TRADE SCHOOL HAS	TECHNICAL SCHOOL BEFORE MIEA SCHOLARSHIP FUNITHIN THIRTY (30) CALENDE MADE TO THIS POLICY ITANCES. I UNDERSTAND THE ALIDITY OF MY REASONS MY DECISION TO WITHDRE MY PERMISSION TO RELEASE
I AM GRANTED A SITE END OF THE SEMEREBY AGREE THATAYS OF WITHDRAW THDRAW FROM SCIES CHOLARSHIP CORE TO INFORM TOM SCHOOL.	CHOLARSHIP AND I WITHDRAY MESTER/TERM FOR WHICH I H I I SHALL RETURN ALL SCHOI ING FROM SCHOOL. I UNDER HOOL FOR MEDICAL REASONS OMMITTEE WILL MAKE THE THE SCHOLARSHIP COMMITTE. H PUBLIC LAW 93-380, 93 RD COLE HE HIGH SCHOOL, COLLEGE, U E TRANSCRIPT TO BE MADE A	W FROM COLLEGE, UNIVERSITY OR AVE RECEIVED MONIES FROM THE LARSHIP MONIES TO SAID FUND WISTAND THAT EXCEPTIONS CAN BE OR OTHER EXTENUATING CIRCUMS FINAL DETERMINATION ON THE VECORDINATOR, IN WRITING, OF Date	TECHNICAL SCHOOL BEFORE MIEA SCHOLARSHIP FUNITHIN THIRTY (30) CALENDE MADE TO THIS POLICY I TANCES. I UNDERSTAND THE ALIDITY OF MY REASONS MY DECISION TO WITHDR.
I AM GRANTED A SI IE END OF THE SEM EREBY AGREE THATA AYS OF WITHDRAW ITHDRAW FROM SCI IE SCHOLARSHIP C GREE TO INFORM T COM SCHOOL. Inature of Student Inature of Parent COMPLIANCE WITH ID PRIVACY ACT, TH	CHOLARSHIP AND I WITHDRAY MESTER/TERM FOR WHICH I H I I SHALL RETURN ALL SCHOI ING FROM SCHOOL. I UNDER HOOL FOR MEDICAL REASONS OMMITTEE WILL MAKE THE THE SCHOLARSHIP COMMITTE. H PUBLIC LAW 93-380, 93 RD COLE HE HIGH SCHOOL, COLLEGE, U E TRANSCRIPT TO BE MADE A	W FROM COLLEGE, UNIVERSITY OR AVE RECEIVED MONIES FROM THE LARSHIP MONIES TO SAID FUND WISTAND THAT EXCEPTIONS CAN BE OR OTHER EXTENUATING CIRCUMS FINAL DETERMINATION ON THE VECOORDINATOR, IN WRITING, OF Date	TECHNICAL SCHOOL BEFORE MIEA SCHOLARSHIP FUNITHIN THIRTY (30) CALENDE MADE TO THIS POLICY I TANCES. I UNDERSTAND THE ALIDITY OF MY REASONS MY DECISION TO WITHDR.

FILL OUT ONLY THE SECTION THAT APPLIES TO YOU

SECTION 1 IF YOU HOLD A G.E.D. CERTIFICATE OR ARE A GRADUATING HIGH SCHOOL STUDENT

* G.E.D. Students must attach a Copy of Their G.E.D. Certificate.

GRADUATING HIGH SCHOOL STUDENT ONLY	
What is your Grade Point Average (GPA) for your senie * Attach Transcript of GPA	or year?
What is your graduating high school ranking?	out of
	RADUATING HIGH SCHOOL STUDENTS THE REST OF THIS SECTION.
What college, university, or technical school do you pla	an to attend?
Name of Institution	
City	State
Have you received a Letter of Acceptance at this Institute * Attach Copy of Letter of Acceptance	ntion?
PLEASE LIST STUDENT ORGANIZATIONS YOU HAVE BEEL	N A MEMBER OF:
PLEASE LIST THE OFFICES YOU HAVE HELD IN ANY OF T	HESE STUDENT ORGANIZATIONS:
PLEASE LIST ANY EXTRACURRICULAR ACTIVITIES YOU	HAVE BEEN ACTIVE IN:
PLEASE LIST ANY COMMUNITY ORGANIZATIONS, CLUBS	S, OR SERVICE GROUPS THAT YOU HAVE BEEN ACTIVE IN:

WHAT DEGREE OR CERTIFICATE	ON DO YOU PLAN ON EARNING	G AT THE COLLEGE, UNIVERSITY, O	R TECHNICAL SCHOOL?
PLEASE DESCRIBE BRIEFLY YO	UR CAREER PLANS AFTER YOU	EARN YOUR DEGREE OR CERTIFICA	ATION:
PLEASE LIST ANY AND ALL O' AMOUNT OF MONEY AWARDED		GRANTS WHICH YOU HAVE BEEN	N AWARDED AND LIST THE
PLEASE LIST THE TYPES OF J SUMMER JOBS:	OBS, IF ANY, YOU WORKED	AT DURING YOUR JUNIOR AND S	SENIOR YEARS, INCLUDING
PLEASE LIST ANY ACADEMIC H	ONORS YOU HAVE RECEIVED:		
PLEASE GIVE YOUR REASON(S AWARDED TO YOU:) WHY YOU HAVE APPLIED FO	OR THIS SCHOLARSHIP, AND WHY	YOU THINK IT SHOULD BE
 complete Page complete all que provide all the Your complete applic 	1; nestions/requests in the section requested supporting docume	e considered for one of the scholars in that applies to you (Section 1 or Sontation marked by an "*" and highed supporting documentation MU to later than June 15, 2017.	Section 2); and alighted in yellow
MAIL TO:	M.I.E.A. Schola 3617 Zhow I	hananaquet, Coordinator arship Committee Noong Circle gs, MI 49740	

FILL OUT ONLY THE SECTION THAT APPLIES TO YOU

SECTION 2 IF YOU ARE A CURRENT COLLEGE, UNIVERSITY OR TRADE SCHOOL STUDENT

PLEASE LIST THE NAME AND LOCATION OF THE COLLEGE, UNIVERSITY, OR TRADE SCHOOL AT WHICH YOU ARE ENROLL	ED:
Name of Institution	
City State * Attach Proof of Enrollment	
WHAT ACADEMIC MAJOR OR TRADE CERTIFICATION ARE YOU PURSUING?	
WHAT IS YOUR ACCUMULATIVE GRADE POINT AVERAGE (GPA)?	
* Attach Transcript showing grades from last semester or term attended.	
PLEASE LIST ANY AND ALL OTHER SCHOLARSHIPS AND/OR GRANTS WHICH YOU HAVE BEEN AWARDED AND LIST THE AMOUNT OF MONEY RECEIVED FROM EACH:	
PLEASE DESCRIBE BRIEFLY YOUR CAREER PLANS AFTER YOU EARN YOUR DEGREE OR CERTIFICATION:	
PLEASE LIST THE TYPES OF JOBS, IF ANY, THAT YOU WORKED AT DURING YOUR COLLEGE, UNIVERSITY, OR TRADE SCHOYEARS, INCLUDING SUMMER JOBS:	OL

PLEASE GIVE YOUR	REASONS WHY	YOU HAVE A	PPLIED FOR	THIS SCHOL	ARSHIP A	ND WHY	YOU THINK IT	SHOULD B	E GIVEN
TO YOU:									

PLEASE NOTE:

- For this to be a valid application qualifying you to be considered for one of the scholarships, you **must**:
 - o complete Page 1;
 - o complete all questions/requests in the section that applies to you (Section 1 or Section 2); and
 - provide all the requested supporting documentation marked by an "*" and highlighted in yellow
- Your complete application along with the required supporting documentation MUST BE RECEIVED OR POSTMARKED by the Scholarship Coordinator no later than June 15, 2017.

MAIL TO:

Tamela Okuly-Shananaquet, Coordinator M.I.E.A. Scholarship Committee 3617 Zhow Noong Circle Harbor Springs, MI 49740