

EDUCATION ASSISTANCE APPLICATION

APPLICANT INFORMATION

Assistance Requested (Check all that apply): ☐ Licensure/Program Assistance ☐ Travel Assistance

Full Name (First, Middle, Last) Maiden Name Date of Birth

Soc. Sec. No. Enrollment No. Email Address

Physical Address City State Zip

☐ Mailing Address (Check box if same as Physical Address) City State Zip

School Attending Grade/Year Attending

LICENSURE/PROGRAM

Licensure Type (Check One):

☐ Initial Licensure ☐ License Renewal ☐ Educational Program ☐ Other: _____

Licensure/Program Name Program Start Date

TRAVEL

Travel Type (Check One):

☐ Conference ☐ Study Abroad ☐ Student Organization Trip ☐ Other: _____

Destination Departure Date Return Date

Purpose of Trip

BUDGET

Per-Deim rates will be used if actual expenses are not submitted.

Expense Type	Amount	Qty	Total	Amount Approved
Registration Fees				
Books				
Mileage per mile				
Lodging				
Airfare				
Baggage Fees				
Meals				
Other:				
Minus other Funding Sources:				
Total Request:				

CERTIFICATE OF AGREEMENT

(All boxes must be checked to be eligible for assistance)

- ☐ I certify that I have read and understand the White Earth Student Financial Services Program Policies and Procedures. I agree to abide by all policies governing the White Earth Student Financial Services Program.
- ☐ I agree to provide the White Earth Student Financial Services Program trip information and photos upon completion of the trip. I agree to sharing of this information and photos for publication as the program deems appropriate.
- ☐ I agree if, for any reason, I do not attend funds will be returned to White Earth Student Financial Services Program.
- ☐ I agree that all receipts and documentation will be shared with White Earth Student Financial Services Program.

RELEASE OF INFORMATION

(All boxes must be checked to be eligible for assistance)

- ☐ I understand that by signing this application, I am requesting that educational and financial information regarding this education assistance request be shared with White Earth Student Financial Services Program.
- ☐ I understand that my authorization is valid for one year from the date of my signature. I may revoke authorization in writing at any time, except to the extent that action has been taken in reliance upon the authorization. If authorization is revoked prior to documentation submittal to WESFS, I will be required to submit documentation or repayment of funds.
- ☐ A copy of this release form is valid as an original, and I may receive a copy of this authorization upon request.

Applicant Signature

Date

Please submit completed application and documentation to:

White Earth Student Financial Services

PO Box 375

Mahnomen, MN 56557

Student.Services@whiteearth-nsn.gov

Fax: (218) 935-0708

Call (218) 935-3580 if you have any questions.

TO BE COMPLETED BY WHITE EARTH RESERVATION ENROLLMENT OFFICE ONLY

I HEREBY CERTIFY THE ABOVE-NAMED APPLICANT:

- ☐ **IS** an ENROLLED MEMBER of the WHITE EARTH BAND of the MINNESOTA CHIPPEWA TRIBE.
- ☐ **IS NOT** an ENROLLED MEMBER of the WHITE EARTH BAND of the MINNESOTA CHIPPEWA TRIBE.

Enrollment Official

Date

TO BE COMPLETED BY WHITE EARTH STUDENT FINANCIAL SERVICES

<input type="checkbox"/> Approved	W9/DD Sent to Finance _____	Total Student Expenses: _____
<input type="checkbox"/> Denied	Sent to Enrollments _____	Student Resources: _____
Vendor # _____	Date Check Entered _____	Assistance Awarded: _____

Processed By

Date

Education Director Signature

Date