White Earth Reservation Tribal Council

APPLICATION FOR EDUCATION ASSISTANCE – LICENSURE/PROGRAM

APPLICANT INFORMATION

First Name	
Last Name	
Date of Application	
E-mail	
Address City, State ZIP Code	
Phone Number	
School/College	
Grade/Year in College	
☐White Earth Enrolled/Enrollment Number:	

LICENSURE/PROGRAM INFORMATION

License/Program Name	
Type of Assistance Request	☐ Initial License ☐ License Renewal ☐ Program ☐ Other:
Date Program Begins	
Purpose	
Attach Program/Licensure/Course information.	

BUDGET

Anticipated Expenses		Additional Funding Resources	
Program Fees		Source	Amount
License Fees			
Other			
Payment Information Organization/School Address			

AGREEMENT

1. By submitting this application, you authorize White Earth Reservation Tribal Council to verify Tribal Enrollment and costs associated to this request.
2. If licensure or program is not pursued, funds will be returned to the White Earth Tribal Council/Education Division within two weeks of proposed start date.

Applicant Signature		Date	

REVIEW AND APPROVAL

Approval Amount		Education Signature	
Date		Date	