

PENOBSCOT NATION HIGHER EDUCATION COMMITTEE
Dept. of Education & Career Services, 27 Wabanaki Way, Indian Island, ME 04468
Telephone: (207) 817-7348 Fax Number: (207) 817-7369 E-mail: PNHEC@penobscotnation.org

FELLOWSHIP APPLICATION

Please answer all questions on this application, incomplete applications will be returned to applicant.
Applications must be submitted prior to the start of the program you are requesting funds for.

1. _____ 2. _____
Last Name First M.I. Date of Birth
3. _____
Mailing Address City State Zip Code
4. _____ 5. _____
Residential Address (if different) City State Zip Code Telephone #

6. E-Mail Address: _____

7. Application Request for: ☐ Academic year ☐ Fall only ☐ Spring only ☐ Summer
(Check all that apply)

8. Will attend: ☐ Full-time (6+ credits) or ☐ Part-time (1-5 credits)

9. Educational Background: Please list all post-secondary institutions that you have attended:

<u>Name of School</u>	<u>Dates Attended</u>	<u>Major</u>	<u>Degree and Year Received</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Name & Address of College/University you will be attending: _____

11. Have you been accepted into a degree granting graduate program at this institution? Yes ☐ no ☐
(new applicants attach a copy of your acceptance letter and program description/courses)

12. Graduate Degree Sought: _____
13. Area of Specialization: _____
14. Number of credit hours required to earn your degree: _____
15. Number of credit hours earned to date: _____
16. Grade Point Average: Graduate _____
17. Date You Will Start Classes: _____
18. Anticipated Date of Graduation: _____

19. Please list any academic honors, honorary organizations, publications, etc.

Please read the following before signing this application

I acknowledge that I have read the Penobscot Nation Department of Education and Career Services “**Operating Policies and Procedures**” for the Higher Education Fellowship Program. Students may request a copy of the policy to be mailed to them or locate them at: <http://www.penobscotnation.org/Education/education.htm>
I am aware these policies were most recently updated in March of 2013. I agree to these policies and understand and accept the terms and conditions.

USE OF FUNDS: “I declare that I will use any funds awarded to me by the Penobscot Nation Higher Education Committee for training and/or educational purposes only in connection with my attendance at the above named institution.”

PRIVACY ACT & PAPERWORK REDUCTION ACT STATEMENT: This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974. Although furnishing personal information to this office is voluntary, failure to supply complete and accurate information may preclude the applicant from eligibility for assistance under this program. This information is being collected to determine eligibility of individuals applying for services. This information will be used to produce statistical records required of the Office of Indian Education Programs. Response to this request is required to obtain a benefit. “I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to necessary agencies to complete my financial aid package. I agree to provide the Penobscot Nation Higher Education Committee with all information that is requested in regard to this application.”

Signature of Applicant: _____ Date: _____

DO NOT COMPLETE THIS SECTION, ADMINISTRATIVE OFFICE USE ONLY:

Tribal census number: _____ **Continuing** ☐ **New** ☐

I have reviewed this application and believe the information provided to be true to the best of my knowledge. I recommend that this request for assistance be reviewed by the Penobscot Nation Higher Education Committee for possible funding.

PNHEC Staff: _____ Date: _____