

**PENOBSCOT NATION HIGHER EDUCATION COMMITTEE**  
**Dept. of Education & Career Services, 12 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- forms will be returned to students, if any questions are left blank. It is the student's responsibility to submit completed applications by the following deadlines for consideration of funding.

Fall Semester-**July 15<sup>th</sup>** Spring Semester-**November 15<sup>th</sup>** Summer Session-**May 1<sup>st</sup>** (if funding is available)

Continuing Student Verification Form- **December 15<sup>th</sup>** (this is mailed to you if you are enrolled in the Fall semester)

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1. \_\_\_\_\_ 2. \_\_\_\_\_  
Last Name First M.I. Date of Birth
3. \_\_\_\_\_ 4. \_\_\_\_\_  
Mailing Address City State Zip Code Soc. Sec. #
5. \_\_\_\_\_ 6. \_\_\_\_\_  
Residential Address (if different) City State Zip Code Telephone #
7. E-Mail Address: \_\_\_\_\_ 8. Sex: M  F
9. Marital Status: Single  Married  Divorced  10. Number of Dependent Children \_\_\_\_\_
11. Veteran: Yes  No
12. Census/Certification Purposes (indicate Penobscot parent(s) only):  
Father: \_\_\_\_\_ Mother: \_\_\_\_\_
13. Application Request for 20\_\_ - 20\_\_:  Academic year  Fall only  Spring only  Summer  
**(Check all that apply)**
14. Will attend:  Full-time (6 credits) or  Part-time (3 credits)
15. 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> |
|-----------------------|-----------------------|--------------|---------------------------------|
| _____                 | _____                 | _____        | _____                           |
| _____                 | _____                 | _____        | _____                           |
| _____                 | _____                 | _____        | _____                           |
16. Name & Address of College/University you will be attending: \_\_\_\_\_
17. Have you been accepted into a degree granting graduate program at this institution? Yes  no   
**(New applicants must attach a copy of your acceptance letter and program description/courses)**

18. Graduate Degree Sought: \_\_\_\_\_
19. Area of Specialization: \_\_\_\_\_
20. Number of credit hours required to earn your degree: \_\_\_\_\_
21. Number of credit hours earned to date: \_\_\_\_\_
22. Grade Point Average: Graduate \_\_\_\_\_
24. Date You Will Start Classes: \_\_\_\_\_
25. Anticipated Date of Graduation: \_\_\_\_\_
26. 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: \_\_\_\_\_