



MICHIGAN INDIAN ELDERS ASSOCIATION

2020 SCHOLARSHIP APPLICATION

*To Be Eligible, an Applicant **MUST BE** an Enrolled Member of an **MIEA** Tribe*



STUDENT'S NAME

Last *First* *Middle Initial*

MAILING ADDRESS

Street Address *PO Box*

City *State* *Zip code*

(_____) _____
Telephone Number

FATHER'S NAME

MOTHER'S NAME

MAILING ADDRESS

Street Address *PO Box*

City *State* *Zip code*

(_____) _____
Telephone Number

CONSTITUENT TRIBE/BAND*

** Proof of Tribal Affiliation: Copy of Tribal Card or letter of verification from your Tribal Enrollment Department*

IF I AM GRANTED A SCHOLARSHIP AND I WITHDRAW FROM COLLEGE, UNIVERSITY OR TECHNICAL SCHOOL BEFORE THE END OF THE SEMESTER/TERM FOR WHICH I HAVE RECEIVED MONIES FROM THE MIEA SCHOLARSHIP FUND, I HEREBY AGREE THAT I SHALL RETURN ALL SCHOLARSHIP MONIES TO SAID FUND WITHIN THIRTY (30) CALENDAR DAYS OF WITHDRAWING FROM SCHOOL. I UNDERSTAND THAT EXCEPTIONS CAN BE MADE TO THIS POLICY IF I WITHDRAW FROM SCHOOL FOR MEDICAL REASONS OR OTHER EXTENUATING CIRCUMSTANCES. I UNDERSTAND THAT THE SCHOLARSHIP COMMITTEE WILL MAKE THE FINAL DETERMINATION ON THE VALIDITY OF MY REASONS. I AGREE TO INFORM THE SCHOLARSHIP COMMITTEE COORDINATOR, IN WRITING, OF MY DECISION TO WITHDRAW FROM SCHOOL.

Signature of Student

Date

Signature of Parent

Date

Signature of Parent

Date

IN COMPLIANCE WITH PUBLIC LAW 93-380, 93RD CONGRESS, H.R. 69, 21 AUGUST 1974, FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT, THE HIGH SCHOOL, COLLEGE, UNIVERSITY OR TRADE SCHOOL HAS MY PERMISSION TO RELEASE A COPY OF MY GRADE TRANSCRIPT TO BE MADE A PART OF THIS SCHOLARSHIP APPLICATION FOR REVIEW BY THE M.I.E.A. SCHOLARSHIP COMMITTEE.

Signature of Student

Date

Signature of Parent

Date

Signature of Parent

Date

AN * THROUGHOUT THE APPLICATION SIGNIFIES THE NEED FOR YOU TO SEND THE REQUIRED SUPPORTING DOCUMENTATION.

*** PLEASE INCLUDE THIS APPLICATION WITH TWO (2) LETTERS OF REFERENCE NOT RELATED TO YOU.**

*****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 senior year? _____

* Attach Transcript of GPA

What is your graduating high school ranking? _____ out of _____

**G.E.D. STUDENTS AND GRADUATING HIGH SCHOOL STUDENTS
MUST COMPLETE THE REST OF THIS SECTION.**

What college, university, or technical school do you plan to attend?

Name of Institution

City

State

Have you received a Letter of Acceptance at this Institution? Yes No

* Attach Copy of Letter of Acceptance

PLEASE LIST STUDENT ORGANIZATIONS YOU HAVE BEEN A MEMBER OF:

PLEASE LIST THE OFFICES YOU HAVE HELD IN ANY OF THESE STUDENT ORGANIZATIONS:

PLEASE LIST ANY EXTRACURRICULAR ACTIVITIES YOU HAVE BEEN ACTIVE IN:

PLEASE LIST ANY COMMUNITY ORGANIZATIONS, CLUBS, OR SERVICE GROUPS THAT YOU HAVE BEEN ACTIVE IN:

WHAT DEGREE OR CERTIFICATION DO YOU PLAN ON EARNING AT THE COLLEGE, UNIVERSITY, OR TECHNICAL SCHOOL?

PLEASE DESCRIBE BRIEFLY YOUR CAREER PLANS AFTER YOU EARN YOUR DEGREE OR CERTIFICATION:

PLEASE LIST ANY AND ALL OTHER SCHOLARSHIPS AND/OR GRANTS WHICH YOU HAVE BEEN AWARDED AND LIST THE AMOUNT OF MONEY AWARDED FROM EACH:

PLEASE LIST THE TYPES OF JOBS, IF ANY, YOU WORKED AT DURING YOUR JUNIOR AND SENIOR YEARS, INCLUDING SUMMER JOBS:

PLEASE LIST ANY ACADEMIC HONORS YOU HAVE RECEIVED:

PLEASE GIVE YOUR REASON(S) WHY YOU HAVE APPLIED FOR THIS SCHOLARSHIP, AND WHY YOU THINK IT SHOULD BE AWARDED TO YOU:

PLEASE NOTE:

- For this to be a valid application qualifying you to be considered for one of the scholarships, you **must**:
 - complete Page 1;
 - 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, 2020**.

MAIL TO:

Marie "Tootsie" Miller, Coordinator
M.I.E.A. Scholarship Committee
202 Ben Neuis Pl.
Fredricksburg, VA 22405

*****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 ENROLLED:

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 SCHOOL YEARS, INCLUDING SUMMER JOBS:

PLEASE GIVE YOUR REASONS WHY YOU HAVE APPLIED FOR THIS SCHOLARSHIP AND WHY YOU THINK IT SHOULD BE GIVEN TO YOU:

PLEASE NOTE:

- For this to be a valid application qualifying you to be considered for one of the scholarships, you **must**:
 - complete Page 1;
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