

APPLICATION FOR FINANCIAL ASSISTANCE VOCATIONAL TRAINING

Failure to provide all information requested by cause delays in processing this application
or result in the denial of assistance:

**Student
Name:**

**Student
Address:**

**Student
Phone:**

**Student
Date of Birth:**

**Student
SSN**

Check Box: Member of this Tribe? []Yes []No

**Academic
Year**

**Check Box: Is student a Veteran? []Yes []No
If YES, branch/years of service: _____**

Name & location of last high school attended:

Did student graduate? []Yes []No If YES, date of graduation:

I request funding in the amount of: \$ _____ for _____
\$ _____ for _____
\$ _____ for _____
\$ _____ for _____

TOTAL \$ _____

Has student received financial assistance from the Bridgeport Indian Colony before? []No []Yes *If YES, explain:

Has student applied for other financial aid? []No []Yes *If YES, attach copy of complete application (i.e. FAFSA)

[] n/a SCHOLARSHIP PROGRAM: [] Full-time Enrollment [] Part-Time Enrollment

Name and Address of College or University: _____

Academic Semester: [] Spring [] Fall [] Other _____

Class level: [] Freshman [] Sophomore [] Junior [] Senior [] Graduate

[] n/a VOCATIONAL TRAINING PROGRAM:

Name and Address of School: _____

Course of Study: _____

ATTACHMENTS:

- ❖ All applications for Financial Assistance – Education must be accompanied by a verification of enrollment; and
- ❖ Returning students must attach a copy of their prior semester's grades; and
- ❖ Copies of "other" financial assistance/aid applications (i.e. FAFSA)

REIMBURSEMENT REQUIREMENT

If a student does not complete a course of study or education program, he or she may be required to reimburse the full cost of any scholarship or financial assistance received.

STATEMENT OF EDUCATION PURPOSE:

I declare that I will use the funds received from the Bridgeport Indian Colony's Educational Assistance Program solely for expenses connected with my or my child's attendance of the educational programs selected above.

I authorize the school to release grades, financial information, classes and schedules to the Bridgeport Indian Colony. I hereby certify that the information provided in this application 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 request any financial assistance awarded be mailed to me in care of the financial aid office of the institution.

I will provide a copy of my certificate of completion to the Bridgeport Indian Colony.

I have read and understand the Bridgeport Indian Colony's Reimbursement Requirement and agree to abide by its terms.

Signature of Student (age 18 or over)

Signature of Parent/Guardian
For Student under 18

FOR OFFICE USE ONLY:

Application reviewed on _____; verification process pending

Determination made: _____

Application incomplete; applicant notified _____

Applicant must provide additional information to complete request

Application and education assistance approved; funds in the amount of \$ _____
Mailed to school (listed on application) as of (date) _____

Application denied; applicant notified _____