

Prairie Band Potawatomi Nation Education Department

Application for Adult Education Grant

To be considered for funding you need to complete and submit ALL of the following items:

1. ___ Application

- 2. ___ Letter in writing stating why you need the grant and how it will be used.
- Copy of Certificate of Degree of Indian Blood (CDIB).
 If you do not have this certificate, one may be requested from the
 - Enrollment Department, 16281 Q Road, Mayetta, KS 66509 or toll free at 877.715.6789, ext. 3914.
- 4. ____ Verification from the institution/school/company of enrollment in class/conference.

 Verification must include the cost of tuition and fees; any book cost/estimate must be from the school's bookstore on their letterhead. If request is for conference or workshop fees the registration form must be submitted to our office.
- 5. ___ Student Agreement. Applications will be not be considered complete if this form is not signed and returned.

You must submit all of the above required items to be considered for funding.

If funded: Upon finishing your class/course/workshop/conference you MUST send this office a form of verification, whether it is a copy of your grades/certificate/or other, to determine completion of the program. Failure to provide documentation can result in termination of further funding through this program.

DEADLINE:

All materials must be submitted 4 weeks prior to the start date or payment due date, whichever occurs first.

Applications received less than 4 weeks prior to the start date or payment due date will be reviewed based on available funds.

Reimbursement requests will be considered with the submission of a complete application along with all receipts and verification of completion. Reimbursements will only be considered if materials are received within 30 calendar days of completion of the event.

All requests are subject to deadlines and available funds.

Prairie Band Potawatomi Nation – Adult Education Grant Application

Information Record		PBPN En	rollment No			
Last Name	First	Middle		(Maio	len)	
Mailing Address: Street	City		State	Zip Code	County	
Email		Telephon	e			
Social Security No		Date of B	irth	Veteran Yes	_ No	
Marital Status: Single	Married Divorced	_ Separated	Widowed	_ No. of Dependents		
How did you obtain this ap	pplication? Email Fax	Internet _	Mail W	alk-in Other		
Employment Employed Unemploye	ed					
Name of Employer						
Address		Telephone				
Position						
Education Highest level of education Schools attended and dates	•					
Area of Interest						
3-Hour College Course Adult basic education cour Employment Enrichment (G.E.D. Test Preparation Self-Improvement (Specif Other (Specify)	(Specify)					
I certify that the above info	ormation is correct.					
Applicant Signature				Date		



Prairie Band Potawatomi Nation Education Department

Student Agreement

I,, am an enrolled memb	per of the Prairie Band Pot	awatomi Nation	
(PBPN) who has applied for scholarship assistance	through the Prairie Band I	Potawatomi Nation	
Education Department Higher Education Program f	or the academic year	·	
I have read the policies, procedures and guidelines	for the program and und	erstand what my	
responsibilities are as a student attending an accre	dited college, university o	r technical school.	
I agree to abide by all policies governing the PBPN	Education Department Hi	gher Education	
Programs.			
Further, I understand that should I fail to meet the	eligibility criteria and aca	demic requirements	
I may be placed on Academic Probation or Suspens	sion in accordance with th	e Satisfactory	
Academic Progress Policy. I understand this means	s my scholarship award m	ay be suspended	
for failure to comply.			
I have read the deadline date requirements a	and understand that ap	plications	
received after the required deadline date wil	I be denied. I agree to	take full	
responsibility for my academic achievements	and progress.		
Student Signature	Name of Institution		
Date	Academic Year		
Date received by the PBPN Education Department:	Date	 Initial	