



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.
3. ___ Copy of Certificate of Degree of Indian Blood (CDIB).
 - a. 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
Education Department

Student Agreement

I, _____, am an enrolled member of the Prairie Band Potawatomi Nation (PBPN) who has applied for scholarship assistance through the Prairie Band Potawatomi Nation Education Department Higher Education Program for the academic year _____.

I have read the policies, procedures and guidelines for the program and understand what my responsibilities are as a student attending an accredited college, university or technical school.

I agree to abide by all policies governing the PBPN Education Department Higher Education Programs.

Further, I understand that should I fail to meet the eligibility criteria and academic requirements I may be placed on Academic Probation or Suspension in accordance with the Satisfactory Academic Progress Policy. I understand this means my scholarship award may be suspended for failure to comply.

I have read the deadline date requirements and understand that applications received after the required deadline date will 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