

**NORTHERN ARAPAHO TRIBAL SCHOLARSHIP PROGRAM  
APPLICATION FOR TRAVEL ASSISTANCE**

NAME \_\_\_\_\_  
                    FIRST                    MI                    LAST                    MAIDEN

Enrollment # \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ e-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

High School/GED location \_\_\_\_\_

Date High School Diploma or GED received \_\_\_\_\_

Marital Status: S    M    D            Number of Dependents \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Expected Major/Study Area \_\_\_\_\_

Year in School (circle one)    Freshman            Sophomore

Name of College \_\_\_\_\_

Address of College \_\_\_\_\_

\_\_\_\_\_

Telephone # \_\_\_\_\_

**Please Provide the Documents in order to process your application:**

- Official Transcripts- HS,GED, College
- Copy of Certificate of Indian Blood (CIB)(Co-signer's CIB if applicable)
- Privacy Act- signed (attached to application)
- Acceptance Letter to Post-Secondary Institution
- Travel Dates- To and From School

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PER CAPITA DEDUCTION AGREEMENT**

I agree to attend the school named to work toward the educational objective stated and further, I agree to carry and complete a minimum of 12 semester hours or its equivalent. If I withdraw from school before the end of the term for any reason whatsoever, I agree that the money advanced to me becomes payable to the Northern Arapaho Tribe. I, further, agree that the Northern Arapaho Business Council is authorized to begin immediate deductions from my per capita check. If I drop out, a reasonable amount to withhold from my per capita is \$\_\_\_\_\_.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

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Rev 10/2007