



LYLE DEERE MEMORIAL SCHOLARSHIP APPLICATION

APPLICATION MUST BE RECEIVED BY OTTC NO LATER THAN JULY 03, 2017

Applicant's Name:

DOB

Last

First

Middle

(MM/DD/YR)

Mailing Address:

Street

City/State

Zip Code

Physical Address:

Street

City/State

Zip Code

Gender: M F

Contact Info: ()

(H) / ()

(C)

(Optional, for statistical purposes only)

College/University (Name & Address, preferably Financial Aid Office):

College/University Status:

(Circle One)

Junior

Senior

Expected Date of Graduation:

Hours Obtained:

Attachment Checklist:

- Tribal affiliation _____ (CDIB required)
- Certified copy of college transcript
- Letter of recommendation from college/university counselor
- Letter of recommendation from college/university advisor
- Letter of recommendation from Tribal leader or extended Family
- Applicant's statement of goals (no more than 250 words)

CERTIFICATION

I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE UNITED STATES OF AMERICA, THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I CONSENT TO THE RELEASE OF THIS INFORMATION TO THE NECESSARY AGENCIES TO COMPLETE MY OTTC SCHOLARSHIP APPLICATION. I UNDERSTAND THAT ANY GRANT AWARDED TO ME WILL BE MAILED IN MY NAME TO THE UNIVERSITY FINANCIAL AID OFFICE AT WHICH I AM ENROLLED. I FURTHER UNDERSTAND AND ACKNOWLEDGE THAT I WILL PROVIDE A COPY OF MY GRADES AND TRANSCRIPT TO THE OTTC OFFICE AT THE END OF EACH SEMESTER. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND THE CONTENT OF THE APPLICATION.

Signature of applicant _____

Date _____

FOR OTTC SCHOLARSHIP REVIEW BOARD ONLY

Received by: _____

Date _____

Printed name and signature