



# KEWEENAW BAY OJIBWA COMMUNITY COLLEGE

111 Beartown Road, PO Box 519, Baraga, MI 49908

Phone: (906) 353-4600 Fax: (906) 353-8107

## KBIC STUDENT FUND APPLICATION

(KBIC Members ONLY)

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### PART 1 – Completed by Student (please print)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M. I.

\_\_\_\_\_  
D.O.B.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Tribal Enrollment Number

Previous KBOCC Student  Yes  No

If yes, what was your GPA for the last semester attended \_\_\_\_\_

\_\_\_\_\_  
Email

Semester Enrolled: Spring 20\_\_\_\_ Summer 20\_\_\_\_ Fall 20\_\_\_\_

Degree Seeking: Yes  No

#### Marital Status:

Married, **no** dependent children

Single, **no** dependent children

Married, **with** dependent children

Single, **with** dependent children

\_\_\_\_ Number of Dependent Children

\_\_\_\_ Number of Dependent Children

Can someone else claim you as a dependent?  Yes  No

Are you the first in your immediate family to attend college?  Yes  No

Do you speak your Native language?  None  Basic  Intermediate  Advanced  Fluent

Primary Residence:  On the Reservation

Off the Reservation (within 10 miles)

Off the Reservation (more than 10 miles)

By signing this application, I am authorizing KBOCC to release information to the KBIC Education Department as pertains to this scholarship. I am required to earn a minimum of a 2.00 GPA for each funded semester, if I become ineligible and/or withdraw; I understand that I am responsible for the entire cost.

\_\_\_\_\_  
Signature of Student/Parent if Student is under 18 years of age

\_\_\_\_\_  
Date

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### Part 2 – To be completed by Institution

#### STUDENT BUDGET:

Credits \_\_\_\_ x \$80.00

Audit Credits \_\_\_\_ x \$40.00

Tuition \$ \_\_\_\_\_

Admission Fee \$ \_\_\_\_\_

Personal Expenses \$ \_\_\_\_\_

Text Books \$ \_\_\_\_\_

Lab Fees \$ \_\_\_\_\_

Graduation Fee \$ \_\_\_\_\_

Other Fees \$ \_\_\_\_\_

**TOTAL STUDENT EXPENSES**

\$ \_\_\_\_\_

\_\_\_\_\_  
Financial Aid Director

\_\_\_\_\_  
Date