

American Indian Scholars Program

Name: Email Address:			
•	Be either a: o Minnesota resident who qualified federally recognized American		
Direct	tions: This application is available on our	website:	
2.	Print, complete, sign, and date this app. Obtain a copy of your Tribal Enrollmen Submit the completed application along Office.		
Please	e check the correct answers:		
2. 3.	. Are you enrolled in an undergraduate certificate, diploma, or degree program? Yes No . Have you already earned a bachelor's degree? Yes No . Are you a Minnesota resident? Yes No . Are you enrolled in or a citizen of a Federally Recognized American Indian Tribe or Canadian First Nation? Yes No a. If yes, please list the Tribe/First Nation:		
5.	Are you enrolled in or a citizen of a Mi	nnesota American Indian Tribal Nation? Yes No	
6.	a. If yes, please list the Tribal NatDo you receive Veteran's Education Bo		
Expec year.	ted Enrollment: Please tell us your expec	eted number of credits and terms of enrollment for this coming	
•	Fall Semester	Number of Credits:	
•	Spring Semester Summer Session	Number of Credits: Number of Credits:	
Stude	nt Signature:	Date:	

Want more information? Go to https://www.ohe.state.mn.us/mPg.cfm?pageID=2598

