



## **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:**

## Physical Address:

**Gender:**  M  F      **Contact Info:**  ( )  (H) /  ( )  (C)

(Optional, for statistical purposes only)

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

### **College/University Status:**

## 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 \_\_\_\_\_

Date \_\_\_\_\_

FOR QTTC SCHOLARSHIP REVIEW BOARD ONLY

Received by: \_\_\_\_\_ Date \_\_\_\_\_

Printed name and signature