



WISCONSIN INDIAN EDUCATION ASSOCIATION  
SCHOLARSHIP APPLICATION  
2017 – 2018

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**PURPOSE:**

In keeping with its continuing commitment to higher education, the Wisconsin Indian Education Association is pleased to provide scholarship assistance to American Indian students attending institutes of higher education for the 2017– 2018 academic year. This scholarship is an *achievement-based scholarship, not* based on financial need.

**SCHOLARSHIP AMOUNT: \$1,000 (\$500/semester)**

Four (4) scholarships will be awarded, one (1) in each of the following categories:

1. One (1) to Two (2) Year Programs
2. Graduating High School Senior
3. Four-year college (second semester freshman, sophomore, junior or senior)
4. Graduate or Ph.D. student.

**REQUIREMENTS:** Must be a Wisconsin resident and provide proof of Tribal Enrollment.

**APPLICATION PROCEDURES:**

To complete the application process for this award, the applicant must provide the following:

1. Completed Application form.
2. Copy of current or most recent unofficial school transcript. GED/HSED students are eligible only as continuing undergraduate or continuing technical college students.
3. Two (2) sealed letters of recommendation, one from a teacher, employer or other professional familiar with your academic potential. No family or relative letters of support.
4. A one to two-page *typed only* personal essay focusing on how you will apply your education and if you are involved in community and/or extra-curricular activities.

**ONLY COMPLETE APPLICATIONS WILL BE REVIEWED. THEY WILL BE SCORED AS FOLLOWS:**

	Letters of Recommendation	10 Pts.
	Personal Essay	25 Pts
Cumulative	GPA 2.5 – 2.99 5 PTS / 3.0 – 3.49 10 PTS / 3.5 – 4.00 15 PTS	

**MAXIMUM POSSIBLE POINTS: 50**

**STUDENTS SCORING 25 POINTS OR LESS WILL NOT BE CONSIDERED.**

**NO APPLICATIONS WILL BE RETURNED.**

**APPLICATION DEADLINE: May 1, 2017**

**\*FAXES or SCANNED APPS WILL NOT BE ACCEPTED!**

**SEND COMPLETE PACKET TO:**

Ashley M. Maki, MA  
Director of Education Gikendaasowin  
P.O. Box 67  
562 Peace Pipe Road  
Lac du Flambeau, WI 54538  
Ph: (715) 588-7925 x4390  
[amaki@ldftribe.com](mailto:amaki@ldftribe.com)

Susan Crazy Thunder  
5364 College Drive  
P.O. Box 158  
Rhineland, WI. 54501  
(715) 365-4434  
[scrazythunder@nicoletcollege.edu](mailto:scrazythunder@nicoletcollege.edu)

**WIEA SCHOLARSHIP INFORMATION (CONTINUED)**

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**RESPONSIBILITIES OF SCHOLARSHIP RECIPIENT:**

1. Must meet application deadline with complete packet.
2. Must be maintaining at *least a 2.50 Semester GPA*.
3. Must be carrying sufficient credits to maintain full-time status
4. Must send a copy of grades to WIEA Treasurer at the end of semester to receive next semester's award.
5. Scholarship must be used for educational purposes.

**ALL INFORMATION SUBMITTED WITH THIS APPLICATION IS CONFIDENTIAL AND WILL BE AVAILABLE ONLY TO AUTHORIZED INDIVIDUALS.**

**RELEASE OF FUNDS:**

Upon receipt of a copy of the student's semester course registration, \$500 will be released for the first semester. Upon receipt of the grade report and next semester's course registration, \$500 will be released. Submit information to WIEA Treasurer

**RECIPIENTS ONLY WILL BE NOTIFIED BY MAIL AND INVITED TO ATTEND THE WIEA BOARD MEETING**

**\*STUDENTS CAN ONLY RECEIVE SCHOLARSHIP AWARD ONE TIME IN EACH CATEGORY!**



**WISCONSIN INDIAN EDUCATION ASSOCIATION  
SCHOLARSHIP APPLICATION FORM  
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**DEADLINE: June 1, 2017**

**PLEASE CHECK CATEGORY:**

1 to 2 Year Program  
 Four-Year College/Univ.

Graduating High School Senior  
 Grad/PHD.

**PERSONAL DATA:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Area Code

**EDUCATIONAL INFORMATION:**

College: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

College  
Address: \_\_\_\_\_

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

Major/Program: \_\_\_\_\_

Date you will  
begin: \_\_\_\_\_ Anticipated Graduation/Completion: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**My signature verifies the information provided is correct.**

**Copy of Tribal Certification or signature of certifying official**

I hereby certify that the above named applicant is enrolled in the \_\_\_\_\_ Tribe,  
according to available records.

\_\_\_\_\_  
Signature/Certifying Official Date \_\_\_\_\_

**APPLICATION CHECKLIST**

Application form  
 Transcripts  
 Proof of Tribal Enrollment  
 (2) Letters of Recommendation

**SEND ALL FIVE (5) DOCUMENTS TO:**

Ashley M. Maki, MA  
Director of Education Gikendaasowin  
P.O. Box 67  
Lac du Flambeau, WI 54538