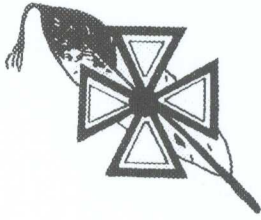


CHARLES MOUZ PAMP MEMORIAL SCHOLARSHIP APPLICATION FORM



Return by May 1st each year to:

Charles Mouz Pamp Memorial Association
Att: Treasurer
PO Box 295
Escanaba, MI 49829

This fund has been established to provide an annual Grant Award to selected applicants for the purpose of furthering education efforts of Native American students. The award is based on demonstrated need as shown in the application and confirmed by elders or school councilor in the applicant's community or school. Also of consideration is the community and cultural participation by the applicant as demonstrated in the application and referring elders. Applications will be judged by the Fund's Board of Elders. Eligible applicants must currently be residents in the Wisconsin-Michigan area and must be enrolled and attending the educational institution described in this application before any cash award will be made by the Association. Those selected for the grants will be required to provide certification from their school of current enrollment.

STUDENT'S NAME _____

HOME STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME TELEPHONE _____ DATE OF BIRTH _____

IF CURRENTLY ATTENDING A SCHOOL AWAY FROM HOME:

RESIDENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

RESIDENT PHONE IF AVAILABLE _____ E-MAIL _____

TECHNICAL SCHOOL OR COLLEGE PRESENTLY ATTENDING:

SCHOOL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

IF IN HIGH SCHOOL AT THE TIME OF APPLICATION, TECHNICAL SCHOOL OR COLLEGE PLANNING TO ATTEND:

SCHOOL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

APPLICANT'S TRIBAL AFFILIATION _____

ENROLLMENT IDENTIFIER NUMBER IF AVAILABLE _____

CHARLES MOUZ PAMP MEMORIAL SCHOLARSHIP

NARRATIVE:

CAREER GOALS AND OBJECTIVES:

This fund has been established to provide an annual Grant Award to selected applicants for the purpose of furthering education efforts of Native American students. The award is based on demonstrated need as shown in the application and confirmed by elders or school counselor in the applicant's community or school. Also of consideration is the community and cultural participation by the applicant as demonstrated in the application and referred elders. Applications will be judged by the Fund's Board of Elders. Eligible applicants must currently be residents in the Wisconsin-Michigan area and must be enrolled and attending the educational institution described in this application before a cash award will be made by the Association. Those selected for the grant will be required to provide certification from their school of current enrollment.

STUDENT'S NAME

HOME STREET ADDRESS

CITY STATE ZIP

DESCRIBE YOUR CULTURAL AND/OR COMMUNITY ACTIVITIES AND INVOLVEMENT:

IF CURRENTLY ATTENDING A SCHOOL AWAY FROM HOME:

RESIDENT ADDRESS

CITY STATE ZIP

RESIDENT PHONE IF AVAILABLE E-MAIL

TECHNICAL SCHOOL OR COLLEGE PRESENTLY ATTENDING:

SCHOOL

ADDRESS CITY STATE ZIP

IF IN HIGH SCHOOL AT THE TIME OF APPLICATION, TECHNICAL SCHOOL OR COLLEGE PLANNING TO ATTEND:

SCHOOL

ADDRESS CITY STATE ZIP

APPLICANT'S TRIBAL AFFILIATION

ENROLLMENT IDENTIFIER NUMBER IF AVAILABLE

PLEASE EXPLAIN IN DETAIL WHY YOU NEED THIS GRANT AND WHAT SPECIFICALLY YOU WILL USE IT FOR:

NAME _____ TELEPHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

COMMENTS:

SIGNATURE _____

DATE _____

ELDER OR SCHOOL COUNCILOR CERTIFICATION:

The applicant must obtain the recommending comments and signature from a Native American elder or a school administrator, teacher, or councilor from the community or school in which the student is living or attending. The Board of Elders is interested in knowing of the exhibited needs of the student and the potential community leadership skills demonstrated by the student. This recommendation must be someone other than the applicant's parent.

NAME _____ TELEPHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

COMMENTS:

SIGNATURE _____ DATE _____
