GIKENDAASOWIN

LAC DU FLAMBEAU TRIBAL EDUCATION DEPARTMENT

562 Peace Pipe Road, P.O. Box 67, Lac du Flambeau, WI 54538

Phone: (715) 588-7925 Fax: (715) 588-9063

E-mail: ldfedu@ldftribe.com

College Admissions Application, Test, Transcript Request and Enrollment/Deposit Fee Funding

About

Enrolled Lac du Flambeau tribal members are eligible to utilize up to \$500.00 per (fiscal) year towards college admissions application fees, educational test fees, transcript request fees and educational enrollment/deposit fees through the Education Department.

Eligibility

To be eligible for college admissions application, test, transcript request and enrollment/deposit fee funding, a student is required to meet the following criteria:

♣ Be an enrolled Lac du Flambeau tribal member

Have all required documentation on file.

Documentation Requirements

Students must submit all required documentation in order to receive funding. All documentation must be completed accurately and in its entirety. Pictures of documents will not be accepted. To receive college admissions application, test, transcript request or enrollment/deposit fee funding, a student is required to submit:

- ♣ The College Admissions Application, Test, Transcript Request and Enrollment/Deposit Fee Funding form
- Verification of tribal enrollment (Tribal ID, Certificate of Enrollment, etc.)
- ♣ Documentation verifying the cost of the college admissions application fee(s), test fee(s), transcript request fee(s) and/or enrollment/deposit fee(s) amount and where payment should be sent
- A copy of the receipt if the student is requesting reimbursement for a college admissions application fee(s), test fee(s), transcript request fee(s) or enrollment/deposit fee(s)
 - Handwritten receipts will not be accepted.
 - ♣ Students requesting reimbursement are not required to submit documentation verifying the cost of the college admissions application fee, test fee, transcript request fee or enrollment/deposit fee amount and where payment should be sent.

Once students have submitted all of the required documentation above, a check for the fee or reimbursement amount will be processed and mailed in approximately 5-10 business days.

COLLEGE ADMISSIONS APPLICATION, TEST, TRANSCRIPT REQUEST AND ENROLLMENT/DEPOSIT FEE FUNDING						
Social Security Number:	Last Name:	First Name:		MI:	Maiden:	
xxx-xx-						
Mailing Address:	<u> </u>	City:		State:	Zip Code:	
Phone Number:						
Mobile:		Home:	Other:			
Date of Birth:		E-mail Address:				
/						
PLEASE LIST EACH FEE REQUEST SEPARATELY. Please attach additional sheets as necessary.						
Name and Mailing Address of Institution o	r Organization:	Type of Fee Request: College Admiss	ion Application 🗖	Test Transcrip	t Request Enrollment/Deposit	
Name:		Amount of Fee: \$				
Attn:	Has the fee been paid?	Yes 🔲 No 🔲	If yes, a copy of your	receipt is required for reimbursement.		
Mailing Address:						
City, State, Zip Code:						
Does the check for the fee amount need to be sent with the application or registration paperwork? Yes No						
If yes, the Education Department will contact you once the check is processed. If no, the Education Department will mail the check to the college or institution once it is processed.						
Name and Mailing Address of Institution o	r Organization:	Type of Fee Request: College Admiss	ion Application 🗖	Test Transcrip	t Request Enrollment/Deposit	
Name:		Amount of Fee: \$				
Attn:		Has the fee been paid?	Yes No No	If yes, a copy of your	receipt is required for reimbursement.	
Mailing Address:						
City, State, Zip Code:						
Does the check for the fee amount need to	be sent with the a	application or registration paperwork? Yes No				
If yes, the Education Department will contr	act you once the cl	neck is processed. If no the Education Department will mai	I the check to the	ollege or institution or	nce it is processed	



PLEASE LIST EACH FEE REQUEST SEPARATELY.

Please attach additional sheets as necessary.

Name and Mailing Address of Institution or Organization:	Type of Fee Request: College Admission Application Test Transcript Request Enrollment/Deposit					
Name:	Amount of Fee: \$					
Attn:	Has the fee been paid? Yes No If yes, a copy of your receipt is required for reimbursement.					
Mailing Address:						
City, State, Zip Code:	_					
Does the check for the fee amount need to be sent with the application or registration paperwork? Yes No						
If yes, the Education Department will contact you once the check is processed. If no, the Education Department will mail the check to the college or institution once it is processed.						
Name and Mailing Address of Institution or Organization:	Type of Fee Request: College Admission Application Test Transcript Request Enrollment/Deposit					
Name:	Amount of Fee: \$					
Attn:	Has the fee been paid? Yes No If yes, a copy of your receipt is required for reimbursement.					
Mailing Address:	_					
City, State, Zip Code:	_					
Does the check for the fee amount need to be sent with the application or registration paperwork? Yes No						
If yes, the Education Department will contact you once the check is processed. If no, the Education Department will mail the check to the college or institution once it is processed.						
Name and Mailing Address of Institution or Organization:	Type of Fee Request: College Admission Application Test Transcript Request Enrollment/Deposit					
Name:	Amount of Fee: \$					
Attn:	Has the fee been paid? Yes No If yes, a copy of your receipt is required for reimbursement.					
Mailing Address:						
City, State, Zip Code:						
Does the check for the fee amount need to be sent with the application or registration paperwork? Yes No						
If yes, the Education Department will contact you once the check is processed. If no, the Education Department will mail the check to the college or institution once it is processed.						

