Red Cliff Education Department Academic/Educational Development Plan & Application NOTE: If any question does not apply to you, put NA (Not applicable).

F/T StudentProgram/Major	_	
P/T StudentCollege/University	_	
College/University Address		
College/University Phone #		
Indicate what grade level you will be at (freshman, 1 st year ect)		

Please complete the following information:		
Name:		
First Name	Middle Initial	Last Name
Social Security Number:// Date of Birth:/// e-mail:	Male	// Female
Mailing Address:		
Highest Grade Completed: Elem. Gra High School Diploma GED		
Employed: Full Time Part-time	e Unemployed_	

Hobbies/Interests/Memberships/Volunteer Work etc..._____

WORK EXPERIENCE (list current employer)

Employer	Position	Start Date	End Date	Wages

LONG TERM EDUCATION GOALS

What are your long term Education goals for the next 2—5 years? Think about them and write them below. Include your start date, goal and completion date.

What are some obstacles that you may encounter and what is your solution to overcome them? (Examples—housing, transportation, classes). **Do not include financial need; the education department is aware that all students have financial needs.**

SHORT TERM EDUCATION GOALS

These take days/weeks or months to complete. What are your short term education goals? Identify them below and include the start date, goal and completion date.

What are some obstacles that you may encounter and what is your solution to overcome them? (Examples: fees, tutoring, materials etc...). *Do not include financial need; the education department is aware that all students have financial needs.*

	OUT	ГСОМЕ			
When do you e	expect to graduate?				
What is the est	imated cost for your education?				
Are you considering continuing your education beyond your current program?					
Yes	Bachelor's Degree	Master's Degree	PhD		
No	Employment				
Where will you be continuing your education at or where will you be employed?					

Please answer the following question:

Why should you be considered for a scholarship through the Red Cliff Tribe's Education Department? (200 words or less). (Use another sheet of paper if necessary).

ATTACH YOUR COURSE SCHEDULE!

_____ I am completing this form before the semester begins and will submit my schedule at a later date.

Work with an advisor to develop the program necessary to reach your education goal(s). In the future it may be necessary to update or change your plan. It is your responsibility to notify our department of any changes.

	Date
Signature of Student	

Date

Signature of Tribal Education Director

Effective date: 5/19/10 Revision 11/13/12