



**Red Cliff Education Department
Academic/Educational Development Plan & Application**

NOTE: If any question does not apply to you, put NA (Not applicable).

Please complete the following information:

Name:

First Name Middle Initial Last Name

Social Security Number: ____/____/____

Male _____ Female _____

Mailing Address:

Highest Grade Completed: Elem. Grade ____ Grades 1-8 ____ Grades 9-12 ____

High School Diploma _____ Other _____

Employed: Full Time _____ Part-time _____ 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?

SHORT TERM EDUCATION GOALS

We would like to know what your short-term education goals are.

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

EXPECTED OUTCOME

When do you expect to graduate? _____

What is the estimated 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.***

Signature of Student

Date

Signature of Tribal Education Department Staff

Date

Effective date: 5/19/10
Revision 11/13/12
Revision 2/4/22