

Mille Lacs Band Scholarship Program
Educational Enrichment Program
VERIFICATION OF COMPLETION FORM

For submission by anyone who has completed an Educational Enrichment Program activity/class.

Phone# (320) 532-4695

Mail to: 43408 Oodena Drive, Onamia, MN 56359

Fax# (320) 532-7826

A. Basic Information <i>Please print your name as it appears on the Educational Enrichment form you submitted.</i>		
Last Name:	First Name:	Middle Name or Initial:
Street Address:		
City:	State:	Zip:
Activity/Class Description:		
To Be Completed by an Authorizing Representative for the Educational Enrichment Activity/Class Attended Only (APPLICANTS: DO NOT WRITE BELOW THIS LINE)		
The above named applicant requested funds to attend an activity/class with your organization. This is a request to determine that the applicant did in fact attend the activity/class and to verify that they completed successfully. PLEASE RETURN THIS FORM TO THE HIGHER EDUCATION OFFICE.		
1. Has this applicant completed the activity/class successfully? If yes, please list date of completion:		
2. Do you have any comments/concerns you would like to share about the applicant and their participation? (Your response will remain confidential)		
Printed Name of Authorizing Representative: _____		
Signature of Authorizing Representative: _____		
Date: _____		
Contact Telephone of Authorizing Representative: _____		

Authorizing Representative: please return this form to:

Mille Lacs Band Tribal College
Higher Education Office
Educational Enrichment Program
43408 Oodena Drive
Onamia, MN 56359