



AMERICAN INDIAN CHAMBER OF COMMERCE OF WISCONSIN

**Application for Scholarship
2004-2005**

APPLICATIONS MUST BE POSTMARKED BY APRIL 15, 2004

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Telephone: _____ Email: _____

Birthdate _____ Tribal Affiliation: _____

No. of Years of School Completed: _____

High School Graduate: Yes No GED? Yes No

Name of High School: _____

Last School Attended: _____ Grade Pt. Average: _____

Marital Status: _____ No. of Dependents: _____

Previous AICCW Scholarship Recipient? Yes No If Yes, When? _____

School you will be attending in the Fall of 2004: _____

Type of Degree/Program: Voc/Tech ___ AA ___ 4 year ___ Graduate ___ Tribal College ___

Major Field of Study: _____

Will you receive financial assistance in the Fall semester? Yes No

Have you received any special honors, awards, titles, etc? (include high school)

Signature: _____ Date: _____

Send completed packet to:
Postmarked by April 15, 2004

AICCW Scholarship Program
10809 W. Lincoln Ave., #102
West Allis, WI 53227
414-604-2044 (Toll Free 877-603-2044)
Email: marie@aiccw.org