



Seneca Nation of Indians
 Education Department
 Where Learning Is Tradition
 12861 Route 438 • Irving NY 14081 • Phone (716) 532-3341

**Seneca Nation Professional Scholarship Program
 2009-2010 Application**

I. Personal Information

				M / F
Last Name	First Name	Middle Initial	Circle One	
Date of Birth	Social Security Number	SNI Enrollment Number		
Current Mailing Address:	Street	City/Town	State	Zip Code
Permanent Mailing Address:	Street	City Town	State	Zip Code
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Home Telephone	Work/Other Phone	Email Address		

II. Bachelor's Degree Education History

Name of College or University	Field of Study	Degree Received	Graduation Date	Cum. GPA
College/University Address	Street	City/Town	State	Zip Code
Name of College or University	Field of Study	Degree Received	Graduation Date	Cum. GPA
College/University Address	Street	City/Town	State	Zip Code

III. Previous Graduate Study Work

Name of College or University	Field of Study	Degree Received	Graduation Date	Cum. GPA
College/University Address	Street	City/Town	State	Zip Code
Name of College or University	Field of Study	Degree Received	Graduation Date	Cum.GPA

College/University Address	Street	City/Town	State	Zip Code
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IV. Present Graduate Degree Program

Please list the information on the graduate or professional degree you are presently pursuing, or are about to begin during the 2009-2010 Academic year:

Name of College or University	Field of Study	Degree Received	Graduation Date	Cum. GPA
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College/University Address	Street	City/Town	State	Zip Code
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Type of Degree you will earn please indicate by circling:

MA	MS	J.D.	Ed.D	Ph.D	Other:
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V. SNI Professional Scholarship Program Acknowledgement

I have read the SNI Professional Scholarship Program Guidelines. I understand the policies and do hereby agree to abide by all terms listed

Signature

Date

VI. Information Release Form

I, _____, do hereby give permission for my institution to send a copy of my transcripts and other pertinent educational and financial information to the Seneca Nation Professional Scholarship Program for each term the SNIPSP contributes toward my education.

Signature

Date