

The Mascoutin Society of Chicagoland Scholarship

Nomination Form and Student Statement

Name of Candidate: _____

Address: _____

Phone Number: (_____) _____ - _____

Date of Birth: ___/___/_____

Tribal Affiliation(s): _____

Parent/Guardian Name: _____
(If Under 21)

Letters of Recommendation

	Name	Address	Phone #	Relationship
1				
2				

Student Statement (May be attached if typed or additional room is needed):

Signature: _____ Date: ___/___/_____