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*"Catch Your Dream Through a Superior Education"*  
Elder Scholarship Application

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**PART 1 – Completed by Student (please print)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M. I. \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Tribal Enrollment Number \_\_\_\_\_

Email: \_\_\_\_\_

**Semester Enrolled:** Spring 20\_\_\_\_ Summer 20\_\_\_\_ Fall 20\_\_\_\_ **Degree Seeking:** Yes No

By signing this application, I am verifying that I am at least 62 years of age and have provided proof of such, along with a denial of financial aid.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**Part 2 – To be completed by Institution**

**Proof of age submitted:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Scholarships applied for:**

**Reason for denial:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Semester(s) enrolled in:** Fall \_\_\_\_\_ Credits \_\_\_\_\_ Tuition Expense \_\_\_\_\_

Spring \_\_\_\_\_ Credits \_\_\_\_\_ Tuition Expense \_\_\_\_\_

Summer \_\_\_\_\_ Credits \_\_\_\_\_ Tuition Expense \_\_\_\_\_

**Total Amount of Scholarship** \_\_\_\_\_

Financial Aid Director \_\_\_\_\_

Date \_\_\_\_\_