

CERTIFICATION OF INDIAN BLOOD
REQUEST FORM

WINNEBAGO TRIBE OF NEBRASKA
ENROLLMENT, P.O. BOX 687
WINNEBAGO, NE 68071
402-878-2028

Date: _____

Dear Enrollment Officer:

The Nebraska Winnebago Tribal Scholarship Office is requesting an official seal on this Certificate of Indian Blood. This is required for any student applying for a grant.

The following information is herewith submitted:

Name: _____

Enrollment Number: _____

Address: _____

Date of Birth: _____

Place of Birth: _____

Mothers Maiden Name: _____

Fathers Name: _____

Please forward this Certificate of Indian Blood with seal affixed to:

Scholarship/Financial Assistance Department
P.O. Box 687
Winnebago, NE 68071

Students Signature

Date