



# Bay Mills Indian Community

## Financial Need Verification Form



### TO BE COMPLETED BY THE STUDENT

(PRINT CLEARLY)

Student Name: \_\_\_\_\_ Tribal ID#: \_\_\_\_\_

College Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

College Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing, I give permission for release of financial information to the Higher Education Department at Bay Mills Indian Community.*

### TO BE COMPLETED BY THE FINANCIAL AID OFFICE

At the time of enrolling did the student above demonstrate a financial need?

Yes or No (*please circle one*)

Award Year/Semester: \_\_\_\_\_

Financial Aid Name (print): \_\_\_\_\_

Financial Aid Signature: \_\_\_\_\_

Financial Aid Phone#: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail, fax or email this form back to:

Bay Mills Indian Community  
Higher Education Department  
12140 West Lakeshore Drive  
Brimley, MI 49715  
Phone: (906) 248-8128  
Fax: (906) 248-3283  
Email: [sbelk@baymills.org](mailto:sbelk@baymills.org)