SMCF Mark O. Hatfield fellowship application

Applicant Information		
Full Name (First, Middle and Last):		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Gender: M / F		

ADDITIONAL Information		
Email:		
Home Phone:	Mobile Phone:	Other Phone:

TRIBAL AFFILIATION (List all Tribes you are an enrolled member in)	
Name of Federally Recognized Tribe:	
Name of Federally Recognized Tribe:	

Emergency Contact		
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

Education information		
Name of last school attended:		
Highest Degree Awarded:	Year Degree Awarded:	Major:

Employment		
Current employer:		
Employer address:		How long?
City:	State:	Zip Code:
Phone:	Fax:	
Position:	Hourly Salary *(Please circle)*	

Checklist
☐ Application
☐ Certificate of Indian Blood (CIB)
☐ Personal Statement
☐ Detailed Resume
☐ Reference #1
☐ Reference #2
☐ Reference #3

Signature	
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.	
Signature of applicant:	Date: