| *SMCF Mark O. Hatfield fellowship application* |
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| *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: |