



Education and Career Services
 Stockbridge-Munsee Community
 P. O. Box 70
 W12365 County Rd A
 Bowler Wisconsin 54416
Phone: 715-793-4100 Fax: 715-253-2436



Digital Graduation Recognition Application

APPLICANT INFORMATION

First Name	MI	Last Name	Date of Birth	Parent/Guardian Name and Contact Phone	
Street Address			City	State	Zip Code
Home Phone		Cell Phone		Message Phone	
Personal Data: Tribal Affiliation: _____ Enrollment #: _____ OR Parent/Grandparent Enrollment #: _____ Name of attending school: _____ <p align="center">Picture was provided to the Education Office for the Video: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p align="center">If no you can upload a photo here</p> College Graduates please provide your graduating Degree Level and Program on the line below: _____					

CERTIFICATION

I hereby apply to participate in the Stockbridge-Munsee Community Virtual Graduate Recognition. I certify that the language in this application is true and correct. I authorize the Education Department to process my application and verify the information contained in it. I further release other parties, including schools and governmental programs, to provide requested information to the Stockbridge-Munsee Education Department so it may process my application. I understand that the information I provided on this application will be used to create a YouTube video that will be shared on Social Media and Tribal Web page. I agree to abide by the services provided based on this application.

Applicants' Signature	Date	Parent/Guardian Signature (If Applicable)	Date
-----------------------	------	---	------