| *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: |