


SCHOLARSHIP REQUEST FORM	Tribal Judicial Institute 	Bureau of Justice Assistance Tribal Courts Assistance Program	
TRIBE NAME			
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME OF SESSION ATTENDING:			
LAST NAME	FIRST NAME	MIDDLE INITIAL	
TITLE			
PHONE	FAX	EMAIL	

SCHOLARSHIP REQUESTED TO COVER: (check all that apply)
(Please note that we are unable to guarantee travel on dates and times requested, however all travel information will be confirmed with you prior to final booking. Scholarships are provided on a first come first serve basis and are subject to availability of funds. Priority is given to Non-TCAP Grantees.)

AIRFARE OR MILEAGE

LODGING

Departure Information:

Return Information:

Departing Date: _____

Return Date: _____

Time: _____

Time: _____

*Airport/City: _____

*Returning to: _____

***If airfare is needed, please indicate closest airport**

**EMAIL REGISTRATION FORM TO: maaker@law.und.edu or fax it to
701-777-0178 attn: MELISSA AAKER**

If you have any questions, please call 701.777.6306

FOR OFFICE USE ONLY

SCHOLARSHIP: [] APPROVED [] DENIED

COMMENTS: _____
