



Massachusetts Indian Association Fund Emergency Scholarship

Name: _____ Student ID: _____

Tribal Affiliation (if any): _____

Degree Program: _____ Expected Graduation (year, term): _____

This scholarship is to assist you with emergency situations such as;

- Rent-past due
- Childcare
- Medical
- Automobile Repairs
- Internet access
- Other (explain)

Emergency Reason: Please list below. Students who provide bills, documentation will be given priority.

Signature: _____ Date: _____