



Higher Education  
13394W Trepania Road  
Hayward, WI 54843  
715-634-8934

LCO SCHOLARSHIP PROGRAM  
UNDERSTANDING STATEMENT

\_\_\_\_\_ – \_\_\_\_\_ ACADEMIC YEAR

***Read/Initial Each Statement and Print and Sign Below:***

I understand submitting an application only begins the determination process and does not guarantee automatic approval of scholarship funding assistance. \_\_\_\_\_

I understand it is my responsibility to submit all documents on time to the LCO Higher Education Scholarship Program. \_\_\_\_\_

I understand it is my responsibility to ensure that my file and/or paperwork are complete at the school I plan to attend, and with the LCO Higher Education Scholarship Program. \_\_\_\_\_

I understand it is my responsibility to inform the LCO Higher Education Scholarship Program of any changes and/or updates to information pertaining to my scholarship file. These changes/updates can be, but not limited to: change of address or phone number, school enrollment status (full-time to part-time and vice-versa), dropping or adding courses, change of school, etc. \_\_\_\_\_

I understand the maximum number of funded semesters is ten (10), under the Bureau of Indian Affairs Scholarship program. This will allow for two (2) extra semesters for remedial courses if needed. \_\_\_\_\_

I understand that, as the student and applicant, I am the only individual allowed to discuss my application status with the LCO Higher Education Scholarship Program unless I authorize one other individual (such as a parent or guardian) to inquire about my status. This authorization must be on file before sharing this information. *(Call if you are, in need of this form.)* \_\_\_\_\_

I, \_\_\_\_\_, as evidence by my signature below,  
(PRINT FULL NAME - FIRST MIDDLE LAST)

have read and fully understand the contents of this Understanding Statement.

\_\_\_\_\_  
Student/Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (if student/applicant is under age 18)

\_\_\_\_\_  
Date