



13394 W Trepania Road
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Golf Education Scholarship Committee – (2) Vacancies Announcement

Posting Date: February 17, 2026
Closing Date: Open Until Filled

Summary:

The Golf Education Scholarship Committee is seeking a committed and community-minded individual to join our team.

This volunteer role plays an important part in reviewing scholarship applications, supporting youth educational opportunities, and ensuring that program decisions reflect fairness, integrity, and our values.

About the Committee:

The Golf Education Scholarship Committee oversees the application and selection process for scholarship funds generated through our golf-related youth programs and community events. Committee members work together to support students pursuing their educational goals while promoting the positive impact of golf in our community.

Requirements:

We are looking for someone who:

- Must be an enrolled Lac Courte Oreilles tribal member.
- High School diploma or equivalent degree.
- Has a strong commitment to youth education and community engagement.
- Is fair, objective, and comfortable participating in group decision-making.
- Can commit to periodic meetings during the scholarship cycle and golf classic planning.
- Volunteer their time at the annual golf classic event.
- Brings professionalism, reliability, and positive energy.
- Must pass a background check.

- Must pass a pre-employment drug screen.

Responsibilities:

- Review scholarship applications and supporting materials.
- Participate in committee meetings (virtual or in-person depending on schedule).
- Evaluate applicants using established criteria.
- Assist in selecting award recipients.
- Support ongoing outreach and communications to increase program awareness.
- Participate in the planning and execution of the annual golf tournament.
- Maintain confidentiality and uphold ethical review standards.

**Interested Persons Should *Submit a Letter of Interest* with Qualifications
(Please fill out the release and authorization form)**

MAIL, FAX OR EMAIL ALL INFORMATION TO:

**Lac Courte Oreilles Tribal Government
ATTN: Human Resource Dept
13394 W. Trepania Road
Hayward, WI 54843
Fax (715) 634-4797
HR Fax (715) 699-1209
doreen.debrot@lco-nsn.gov
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***Tribal preference will apply to qualified applicants in accordance with the
Lac Courte Oreilles Policies & Procedures Manual***

RELEASE AND AUTHORIZATION

I hereby authorize the Lac Courte Oreilles Band of Lake Superior Chippewa Indians, to conduct an investigation into my personal background for evaluating my qualification for employment, promotion, reassignment, or retention as an employee. I acknowledge and agree that the Lac Courte Oreilles Band of Lake Superior Chippewa Indians may obtain information pursuant to such investigation through personal interview and acquaintances, business associates and other persons who may have knowledge as to my personal and professional background. I further acknowledge and agree that inquiry into my character, personal characteristics, employment history and public record information (e.g., record of civil judgement, convictions, motor vehicle violations) as well as diplomas, degrees, licenses, and transcripts may be relevant to the Lac Court Oreilles Band of Lake Superior Chippewa Indians evaluation of my qualifications. I hereby release the Lac Courte Oreilles Band of Lake Superior Chippewa Indians and any person providing information in connection therewith from all liability, which may arise in connection with the above described background investigation. In authorizing such investigation, I hereby voluntarily provide the following supplemental data to ensure the accuracy of records obtained during this investigation. The foregoing is in accordance with my understanding and agreement and my signature on this Release and Authorization confirms my acceptance hereof. Copies of the Release and Authorization that show my signature are as valid as the original Release and Authorization signed by me. Before signing, I have had the opportunity to review this document with anyone of my choosing, including an attorney. I verify by my signature, under penalty of perjury, the information provided is truthful and accurate.

Signature: _____ Date: _____

Print: Last Name First Name Middle Name

Maiden, former or alias name(s): Social Security Number: _____

Other names you are known by? Have you ever been convicted of a felony? Yes _____ No _____

Date of Birth: Driver's License Number: _____

Tribal Affiliation: Enrollment Number: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ How long at present address? _____

Previous Address: _____

City: _____ State: _____ Zip Code: _____

From: (Month/Year) _____ To: (Month/Year) _____