



Pokagon Band Department of Education  
College Awards

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Degree Attained: Bachelors / Masters / Post-Graduate

School/ University: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Will you be receiving the gift yourself in person? Yes / No

If you are unable to attend, would you like the gift sent to you? Yes / No

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Will you be sending someone in your place to receive the gift for you? Yes / No

If so, who: \_\_\_\_\_

**PLEASE ATTACH ONE OF THE FOLLOWING FOR GRADUATION CERTIFICATION:**

College Diploma / Graduation Certification / Transcripts / School Verification

*Please call the Department of Education if you have any questions and ask for Connie.*

*Please return to*

Pokagon Band of Potawatomi  
Department of Education  
P.O. Box 180  
58620 Sink Road  
Dowagiac, MI 49047

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