

CONFEDERATED TRIBES OF SILETZ INDIANS OF OREGON

Attention Education Department – Higher Education (HE);
 3160 Blossom Dr. NE, Suite 105
 Salem, OR 97305
 Telephone (503) 390-9494, Fax (503) 390-8099

THE FOLLOWING CHART INDICATES WHAT CONSTITUTES A COMPLETE APPLICATION:

Documents Required	First time Applicant	Continuing Student
Higher Education Grant Applications	YES	YES
Statement of Education Goals and Plans	YES	YES
Certification of Siletz Tribal Enrollment	Program verifies enrollment	
Letter of Acceptance for Admission	YES	YES, If transferring
Complete High School Transcript & Copy of High School Diploma, GED Certificate or Complete College Transcript	YES	YES-Transcript
Financial Aid Package (Proof that you have applied for Financial Aid)	YES	YES
Placement Test or SAT/ACT Results	YES	NO
Degree Evaluation for student entering their Junior Year at University or 2 nd year of program at Community College		YES
GRADUATE STUDENTS-Must provide proof of applying to the American Indian Graduate Student	Graduate Students ONLY	

Deadline to submit this application is as follows: We will fund students for the academic year once per year.

Fall Term - June 30;

All documentation must be turned in to the Education Specialist in the area office where you are attending school, Siletz Office does all out of state colleges. It is the Applicant's responsibility to keep our office informed of current mailing address and phone number. Completed grant applications must be submitted for each school year. Please return this completed application to the above address.

HIGHER EDUCATION GRANT APPLICATION (HE)

Last Name	First Name	Middle Name	Maiden (if any)

Information to reach you:

Mailing Address		City, State	Zip Code
Physical Address (if different)			
County of Residency		City, State	Zip Code
Home Telephone Number	Work Telephone Number	Cell Phone Number	
E-Mail Address	Message Number	Name of Contact for Message Number	

Personal information about you:

Social Security Number	Date of Birth	# of Dependents	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Married <input type="checkbox"/> Separated	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Siletz Tribal Member Roll Number <input type="checkbox"/> Yes <input type="checkbox"/> No

Information about the kind of diploma you received:

Diploma	Name and Location of High School		
<input type="checkbox"/> High School			
High School Diploma Complete this area	High School Graduation Date	Type of High School	
		<input type="checkbox"/> BIA	<input type="checkbox"/> Tribal <input type="checkbox"/> Private <input type="checkbox"/> Public
Diploma	Name and Location where GED was obtained		
<input type="checkbox"/> GED			
General Education Diploma (GED) Complete this area	GED Graduation Date		

Information about the college you are interested in attending:

Application Request (year)	For the Following Term	Will Be Attending
20 - 20	<input type="checkbox"/> Academic Year <input type="checkbox"/> Fall Only	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Name and Address of College Selected		
College Major	Expected Graduation Date	Expected Degree
		<input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MA Other:
Year in College	I will live	
<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior <input type="checkbox"/> Senior	<input type="checkbox"/> Graduate <input type="checkbox"/> On Campus <input type="checkbox"/> With Parents <input type="checkbox"/> Off Campus

Have you ever received a Tribal Higher Education Grant before? Yes No

List Schools Attended		Semester hours earned	Terms completed
List Years			

Status in Education program last term attended was: Good Probation Suspended

STATEMENT OF EDUCATION PURPOSE: I declare that I will use any funds I receive under the Confederated Tribes of Siletz Indians of Oregon's Higher Education Grant Program solely for expenses connected with attendance at:

Name of institution: _____

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Privacy Act and Paperwork Reduction Act Statement

This information is provided pursuant to public law 93-579 (privacy act of 1974), December 31, 1974. Although furnishing personal information to this office is voluntary, failure to supply complete and accurate information may preclude the applicant for eligibility for assistance under this program.

This information is being collected to determine eligibility of individuals applying for services. This information will be used to produce statistical records required of the office of Indian Education Programs. Response to this request is required to obtain a benefit.

I hereby certify that that the above information on this form is true and correct to the best of my knowledge. I consent to the exchange of information between the Tribal Education Program, other agencies and school staff. I request that any grant awarded me be mailed to me in care of the financial aid office of the institution. I will provide a copy of my grades or transcript to the Higher Education office at the end of each Academic Term/Semester.

The following points are emphasized and you as the student agree to the following:

1. Students receiving grant aid are expected to complete the minimum of hours required, to be considered regular or full-time student (12 credit hours) with plans to complete the requirements for a Bachelor's Degree within four years. Satisfactory grades must be maintained (GPA of at least 2.0).
2. Funds will be placed with the Financial Aid Officer or Business Manager of the college or university for use in accordance with the approved budget.
3. If circumstances arise which make it impossible to remain in school, the student should immediately notify the Tribe. There may be a waiting list of students applying for funds; refunds may be used to assist these students.
4. Each student must furnish a copy of his current term-semester class schedule and grade report to the Tribe at the end of each term/semester. Failure to do so may result in a delay of the release of the subsequent term's funding.
5. Notify Tribal Education Program and College Financial Aid office of any funds received for education expenses, ie. Scholarships, Veterans Funds, Voc Rehab funds, etc.

x

Signature of Student

Date



Program Information

Please keep this page for your records

In addition to the completed application form, the following information must be submitted for your application to be considered complete and processed.

1. A **PERSONAL LETTER** in which you state why you need a scholarship, how you plan to use the money, and what you plan to do when you finish college;
2. A copy of your complete **HIGH SCHOOL TRANSCRIPT, GED SCORES, or LATEST COLLEGE GRADE REPORT/TRANSCRIPT**;
3. A copy of the **FINANCIAL AID AWARD OFFER** or **REJECTION OF ASSISTANCE** from the college Financial Aid Office you plan to attend;
4. **LETTER OF ACCEPTANCE** from the college;
5. **PLACEMENT TEST** completed by the college you plan to attend;
6. **DEGREE EVALUATION** for students entering their Junior Year or 2nd year at a Community College.

Scholarship Information

To receive a scholarship grant through the Confederated Tribes of Siletz Indians (CTSI) of Oregon, an applicant must meet the following requirements:

1. **SILETZ TRIBAL REQUIREMENT** - The applicant is an enrolled member of the Confederated Tribes of Siletz Indians of Oregon;
2. **SCHOLASTIC ABILITY** - The applicant must be enrolled in or eligible for enrollment in a college or university which is state or regionally accredited;
3. **FINANCIAL NEED** - The applicant must establish financial need in order to qualify for assistance through the CTSI by applying for campus-based assistance from the school he/she plans to attend. A student's Financial Aid Form (FAF) must be completed and we need a copy of the school's financial aid award offer.
4. **DEADLINE** - The applicant must meet the application deadline for the term that they want to begin school;
5. **DOCUMENTATION** - All necessary documentation must be turned in before the application is processed.



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RELEASE OF INFORMATION

Name: _____

Social Security Number: _____ Date of Birth: _____

To Whom It May Concern:

I, _____ do hereby authorize the release of any and all information regarding my case file as it relates to the eligibility/application for assistance from the Confederated Tribes of Siletz Indians (CTSI) of Oregon, for the Academic Year 20__-20__. This authorization includes but is not limited to the following:

- Grade Reports, transcripts, progress reports
Attendance verification
Financial aid transcripts and budget summaries
Personal reports, program participation and/or requirements

The information is permitted to be released to the Confederated Tribes of Siletz Indians (CTSI) of Oregon Education Department.

x

Signature of Student

Date

I authorize the Confederated Tribes of Siletz Indians to release information from my education file to my school or other programs that I am participating in.

x

Signature of Student

Date

I consent to having my name placed in the Siletz News and other local Tribal newsletters for any education accomplishments I am achieve in the future.

x

Signature of Student

Date