



Confederated Tribes of Siletz Indians of Oregon
ATTN: Programs II Manager
P.O. Box 549 Siletz, OR 97380
Phone: (541) 444-8290 Fax: (541) 444-8392
Email: bevy@ctsi.nsn.us



Graduate Grant Application Checklist

Documents Required for a Completed Application	First-Time Applicant	Continuing Student
Higher Education Graduate Grant Application	YES	YES
Statement of Education Goals and Plans	YES	YES
Certification of Siletz Tribal Enrollment	Education Program Verifies Enrollment	
Letter of Acceptance for Admission	YES	NO
Complete College Transcripts including all undergraduate and graduate coursework	YES	YES
Documentation that you submitted a FAFSA by January 31 (https://fafsa.ed.gov/)	YES	YES
Documentation that you applied to the American Indian Graduate Center Scholarship Program (http://www.aigcs.org/)	YES	YES

Deadline for Completed Applications is November 30: Incomplete Applications Will Not Be Considered for Funding

Please Note:

- **Applications must be renewed each academic year.**
- Funding for graduate students is currently very limited and may not be available every year
- The programs manager in Siletz administers all graduate students
- Students are responsible for updating any changes in contact information during the school year
- **THIS APPLICATION IS FOR GRADUATE STUDENTS ONLY**

CTSI HIGHER EDUCATION GRADUATE GRANT APPLICATION (HEG)

Last Name	First Name	Middle Name	Previous Last Names Used (if any)

Contact Information:

Mailing Address		City, State	Zip Code
Physical Address (if different)			County of Residence
Home Telephone Number	Work Telephone Number	Cell Phone Number	
Preferred Email Address (most frequently checked)	Message Number	Message Contact	

Personal information:

Social Security Number	Date of Birth	# of Dependents	Veteran
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Siletz Tribal Member	CTSI Roll Number		
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Collegiate Degrees Earned:

Name of College/University	Location of College/University
Degree Earned	Date Graduated
Name of College/University	Location of College/University
Degree Earned	Date Graduated

Graduate School Information:

Application Request Year	For the Following Term(s)	Will Be Attending		
20 - 20	<input type="checkbox"/> Academic Year <input type="checkbox"/> Winter Only <input type="checkbox"/> Fall Only <input type="checkbox"/> Spring Only	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> 3/4-time		
Name of College or University				Year in Degree Program
Address of College or University			Student ID Number (if assigned)	
Department	Expected Graduation Date	Expected Degree		
		<input type="checkbox"/> MA/MS <input type="checkbox"/> MSW <input type="checkbox"/> JD/MD <input type="checkbox"/> PhD <input type="checkbox"/> MB <input type="checkbox"/> Other:		
Advanced to Candidacy		Title of Dissertation:		
<input type="checkbox"/> Yes <input type="checkbox"/> No				

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

If yes:

Schools Attended	Terms Attended	Semesters Attended	Total Credit Hours

Current Status in Tribal Education Program: Good Standing Probation Suspended

STATEMENT OF EDUCATION PURPOSE: I declare that any funds received from the Confederated Tribes of Siletz Indians of Oregon (CTSI) Higher Education Program will be used solely for expenses connected with attendance at:

Name of Institution: _____

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 the above information provided on this form is true and correct to the best of my knowledge.

x _____
Signature of Student

Date

CTSI HIGHER EDUCATION GRADUATE GRANT APPLICATION (HEG)

Program Information

Please keep this page for your records

In addition to the completed application form, the following documentation must be submitted in order for your application to be eligible for funding.

1. A **PERSONAL LETTER** in which you state why you require a higher education grant, how you plan to use the funding, and describe your plans and goals after graduation
2. A copy of your complete **COLLEGE TRANSCRIPT(S)** including all graduate and undergraduate coursework
3. Documentation that you **SUBMITTED a FAFSA** by January 31st
4. A **LETTER OF ACCEPTANCE** from the college you plan to attend (first-time/transferring applicants ONLY).
5. Documentation that you applied to the **American-Indian Graduate Center Scholarship Program** (<http://www.aigcs.org/>)

Grant Information

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

1. **SILETZ TRIBAL REQUIREMENT** - The applicant must be 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 that is state or regionally accredited.
3. **FINANCIAL NEED** - The applicant must complete a Federal Application for Financial Aid (FAFSA) and comply with all financial aid requirements at the school that they plan to attend. Applicants must have a demonstrated financial need as determined by the college or university financial aid office through a needs analysis.
4. **DEADLINES** – To be eligible to receive an award, the applicant must have submitted a complete graduate grant application with all supporting documents before **November 30** **AND** filed a FAFSA by **January 31** (<https://fafsa.ed.gov/>).
5. **DOCUMENTATION** - All necessary documentation must be submitted before the application will be processed. Applications missing documentation will not be considered for funding.



CONFEDERATED TRIBES OF SILETZ INDIANS OF OREGON
 Attention Education Department –Graduate Students
 PO Box 549, Siletz OR 97380
 Telephone (541) 444-8290, Fax (541) 444-8392, Email: bevy@ctsi.nsn.us



RELEASE OF INFORMATION

Name: _____

Student ID 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 and progress reports
- ❖ Attendance verification
- ❖ Financial aid transcripts and budget summaries
- ❖ Personal reports, program participation and/or requirements

I permit the information to be released to the Confederated Tribes of Siletz Indians (CTSI) of Oregon Education Department.

✕

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.

✕

Signature of Student

Date

I consent to having my name and/or picture placed in the Siletz News and local Tribal newsletters for any educational accomplishments that I may achieve.

✕

Signature of Student

Date