



# CTSI Higher Ed Grant Application Checklist



Documents Required for a Complete Application	First-Time Applicant	Continuing Student
Higher Education 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	YES, if transferring
Complete High School Transcript & Copy of High School Diploma, GED Certificate, or Complete College Transcript(s)	YES	YES, college transcript(s)
Documentation that you submitted a FAFSA by <b>January 31</b> ( <a href="https://fafsa.ed.gov/">https://fafsa.ed.gov/</a> )	YES	YES
SAT/ACT Scores or Placement Test Results	YES	NO
<b>Attention Students Entering 3<sup>rd</sup> year at a University or 2<sup>nd</sup> year at a Community College:</b> Degree Evaluation		YES

Please Submit All Application Materials to Area Office nearest Your School (mail, email, or fax):

Siletz Area Office (Alissa Lane)  
 Confederated Tribes of Siletz Indians  
 ATTN: Education  
 P.O. Box 549 Siletz, OR 97380  
 Phone: (541) 444-8373 Fax: (541) 444-8392  
 Email: [alissal@ctsi.nsn.us](mailto:alissal@ctsi.nsn.us)  
 -Including all out-of-state schools other than WA

Portland Area Office (Katy Holland)  
 Confederated Tribes of Siletz Indians  
 ATTN: Education  
 12790 SE Stark St. Suite 102 Portland, OR 97233  
 Phone: (503) 238-1512 Fax: (503) 238-2436  
 Email: [katyh@ctsi.nsn.us](mailto:katyh@ctsi.nsn.us)  
 -Including all Washington schools

Salem Area Office (Sonya Moody-Jurado)  
 Confederated Tribes of Siletz Indians  
 ATTN: Education  
 3160 Blossom Dr. NE Suite 105 Salem, OR 97305  
 Phone: (503) 390-9494 Fax: (503) 390-8099  
 Email: [sonyamj@ctsi.nsn.us](mailto:sonyamj@ctsi.nsn.us)

Eugene Area Office (Nick Viles)  
 Confederated Tribes of Siletz Indians  
 ATTN: Education  
 2468 West 11<sup>th</sup> Avenue, Eugene, OR 97402  
 Phone: (541) 484-4234 Fax: (541) 484-4583  
 Email: [nickv@ctsi.nsn.us](mailto:nickv@ctsi.nsn.us)

Please Note:

- Higher Ed applications are accepted once per year. The deadline for **complete** applications is June 30. Incomplete applications will not be considered for funding
- Students must reapply for funding each academic year
- Students must update any changes in contact information during the school year

## Application Information

The deadline for applications and all supporting documentation is June 30. In addition to the completed application form, the following documentation must be submitted in order for your application to be complete and eligible for funding:

1. A **STATEMENT OF EDUCATION GOALS AND PLANS** 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 **HIGH SCHOOL TRANSCRIPT AND HIGH SCHOOL DIPLOMA, GED SCORES, or COMPLETE COLLEGE TRANSCRIPT(S)**
3. Documentation that you **SUBMITTED a FAFSA** by January 31<sup>st</sup>
4. A **LETTER OF ACCEPTANCE** from the college that you plan to attend (first-time/transferring applicants ONLY).
5. **S.A.T./A.C.T. RESULTS OR PLACEMENT TEST** completed at the college or university that you plan to attend (first-time applicants ONLY)
6. **DEGREE EVALUATION** (students entering their third year at a four-year college/university or second year Uha community college ONLY)



## Grant Information

**Please keep this information for your records**

To receive a higher education grant from the Confederated Tribes of Siletz Indians (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
2. **SCHOLASTIC ABILITY** - The applicant must attend a state or regionally accredited college or university
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 will 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 higher education grant application with all supporting documents by **June 30** AND filed a FAFSA by **January 31** (<https://studentaid.ed.gov/sa/fafsa>)
5. **DOCUMENTATION**- All necessary documentation must be submitted before the application will be processed. Applications missing documentation will not be considered for funding

# CTSI HIGHER EDUCATION GRANT APPLICATION (HE)

## Personal Information:

Last Name	First Name	Middle Name	Preferred Name
Previous Names Used (if any)	Preferred Pronouns	Siletz Tribal Member <input type="checkbox"/> Yes <input type="checkbox"/> No	CTSI Roll Number
Social Security Number	Date of Birth	# of Dependents	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No

## Contact Information:

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

## Diploma Information:

Diploma	Name of High School		
<input type="checkbox"/> High School			
High School Diploma Complete This Area		City/State of High School	High School Graduation Date
Diploma	Location Obtained GED		
<input type="checkbox"/> GED			
General Education Diploma (GED) Complete This Area		City/State Obtained GED	GED Graduation Date

## College 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 College
		<input type="checkbox"/> Freshman <input type="checkbox"/> Junior <input type="checkbox"/> Sophomore <input type="checkbox"/> Senior
Location of College or University		Student ID Number (if assigned)
Major(s)	Expected Graduation Date	Expected Degree
<input type="checkbox"/> AA/AS <input type="checkbox"/> AAoT <input type="checkbox"/> BS <input type="checkbox"/> BA <input type="checkbox"/> Other:		

Have you ever previously received a Tribal Education Grant?  Yes-Higher Ed  Yes-AVT  No

If yes:

List Schools/Training Programs Previously Attended	# of Terms Attended with Tribal Aid	# of Semesters Attended with Tribal Aid	Total Credits Earned

Current Status in Education Program:  Good Standing  Probation  Suspended  Unsure

**STATEMENT OF EDUCATION PURPOSE:** I declare that any funds received from the Confederated Tribes of Siletz Indians (CTSI) Higher Education Program will be used 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 the above information provided on this form is true and correct to the best of my knowledge. I consent to the exchange of information between the CTSI Education Program, other agencies, and school staff. I authorize the CTSI Education Program to mail grant awards directly to business/financial aid office of the institution that I attend. I agree to abide by the rules and regulations described in the "Siletz Higher Education Manual" available on the CTSI website.

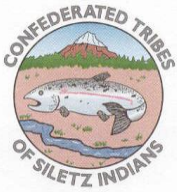
**The following sections of the manual are emphasized and I agree to the following:**

1. Students receiving full grant aid must complete a minimum of 12 credit hours with at least a 2.0 GPA each term/semester. Students must use tribal higher education grants to make satisfactory academic progress toward obtaining a bachelor's degree.
2. Each student must furnish a copy of their upcoming class schedule and most recent grade report to their education specialist at the end of each term/semester. Failure to do so may result in a delay of the subsequent term's funding or termination from the program.
3. Funds will be issued to the financial aid/business office of the college or university for use in accordance with an approved budget.
4. If circumstances arise that make it impossible to remain in school, students will immediately notify the tribe. Students who withdraw from school before the end of the quarter/semester may be required to refund the tribal education program before being eligible for future aid.
5. Students must notify the tribal education program and college financial aid office of any additional funds received for education expenses (i.e. scholarships, veteran's funds, voc rehab funds, etc.).

**x** \_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

Attention Financial Aid Officer: Please return inquiries to contact checked below:



**Alissa Lane-Keene**  
Attention: Education  
P.O. Box 549  
Siletz, OR 97380  
Fax: 541-444-8392  
[alissal@ctsi.nsn.us](mailto:alissal@ctsi.nsn.us)

**Nick Viles**  
Attention: Education  
2468 W. 11<sup>th</sup> Ave  
Eugene, OR 97402  
Fax: 541-484-4583  
[nickv@ctsi.nsn.us](mailto:nickv@ctsi.nsn.us)

**Sonya Moody-Jurado**  
3160 Blossom Drive NE,  
Suite 105  
Salem, OR 97305  
Fax: 503 390-8099  
[sonyamj@ctsi.nsn.us](mailto:sonyamj@ctsi.nsn.us)

**Katy Holland**  
12790 SE Stark St  
Suite 102  
Portland, OR 97233  
Fax: 503-238-2436  
[katyh@ctsi.nsn.us](mailto:katyh@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), 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) 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 and/or picture placed in the Siletz News and local tribal newsletters for any educational accomplishments that I may achieve.

x

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*