

**APPLICATION FORM**

**SILETZ SCHOLARSHIP**

**APPLICATION DUE DATE: June 18th**

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Confederated Tribes of Siletz Indians, PO Box 549, Siletz, Oregon 97380 (541) 444-2532

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**THIS SCHOLARSHIP IS OPEN TO ALL FIELDS OF STUDY.**

To apply for the Siletz Scholarship, please submit the following:

1. Documentation of acceptance at an accredited vocational training or higher education institution, 2 year, 4 year or graduate school.
2. A five hundred (500) word essay addressing the annual theme.
3. One (1) letter of recommendation.

Essays will be judged on essay content, organization and development of theme and use of proper grammar, spelling and punctuation.

**AWARDS:** \$500 (Up to 3 awards per year). Scholarship may not be awarded unless a minimum of two applications are received.

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**ESSAY THEME:** Describe your major area of study and its importance to you and the tribe.

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**PERSONAL INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_\_ Tribal Roll No. \_\_\_\_\_ Email: \_\_\_\_\_

Current Mailing Address \_\_\_\_\_ Permanent Mailing Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone( ) \_\_\_\_\_ Work Phone( ) \_\_\_\_\_

**EDUCATION HISTORY**

High School ( ) Public ( ) Other \_\_\_\_\_ Graduation or GED Date \_\_\_\_\_

Higher Ed/AVT Program ( ) AA ( ) AS ( ) BA ( ) BS ( ) Graduate

Graduation Date \_\_\_\_\_ Degree Received \_\_\_\_\_

College/University \_\_\_\_\_ Major \_\_\_\_\_

**DEGREE PROGRAM (Academic Year):**

Start Date \_\_\_\_\_ Major \_\_\_\_\_

College/University \_\_\_\_\_

Degree Name \_\_\_\_\_ Degree Abbreviation \_\_\_\_\_ Graduation Date \_\_\_\_\_

**PHOTO:** Please submit a photo of good quality for use in newsletters and other CTSI publications, preferably one in your school or work environment. Note: Photo is optional and does not reflect on scholarship eligibility.

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### **CERTIFICATION**

Scholarship funds are to be used for academic purposes only.

By accepting the Scholarship, I agree to advertising and promotional use of my name, picture and biographical information.

I UNDERSTAND THAT:

*I hereby certify that the information provided on this form is true, correct and complete to the best of my knowledge.*

*I consent to the release of this information to other agencies and persons as necessary to determine my eligibility, budget and financial need.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**NOTE:**

Application must be received in our office by 4:30 PM, June 18th.

Incomplete applications will not be considered.

All correspondence will be mailed to permanent address unless otherwise requested in writing.

If you have any questions, please call 1-800-922-1399, extension 290 for Bev, or 541 444-8290.

Please send application to:                      Bev Youngman, Programs Manager  
Confederated Tribes of Siletz Indians  
PO Box 549  
Siletz, OR 97380

**Scholarships are awarded at the Nesika Illahee Pow-Wow, the second weekend in August.**