

APPLICATION FORM

PEPSI - CRAIG WHITEHEAD SCHOLARSHIP

APPLICATION DUE DATE: June 18th

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

Pepsi, Inc. donates scholarship funds to the Siletz Tribe and has asked that this scholarship be the Pepsi -Craig Whitehead Scholarship in honor of Craig Whitehead.

This scholarship is open to any field of study.

To apply, 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. One thousand (1,000) word essay addressing the annual theme.
3. One (1) letter of recommendation.

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

AWARDS: \$1,000. Scholarship may not be awarded unless a minimum of two applications are received.

ESSAY THEME: Tell us about the most inspirational person in your life.

PERSONAL INFORMATION

Last Name _____ First Name _____ MI _____

Date of Birth _____ Tribal Roll No. _____ E-mail: _____

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 _____

PRESENT 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.

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 _____

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.

