



Confederated Tribes of Siletz Indians of Oregon  
ATTN: Programs II Manager  
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)



### 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, with a program description from the university the student is enrolled at	YES	NO
Complete College Transcripts, including all undergraduate and graduate coursework	YES	YES
Copy of Undergraduate Degree	YES	YES
<b>Proof of applying to the Oregon Tribal Student Grant</b> if attending an Oregon Based University Apply at: <a href="https://oregonstudentaid.gov/oregon-tribal-student.aspx">https://oregonstudentaid.gov/oregon-tribal-student.aspx</a>	YES	YES

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

Please Note:

- **Applications must be renewed each academic year**
- Grades are to be submitted at the conclusion of 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:	
<div style="display: flex; align-items: center;"> <div>           Advanced to Candidacy  <input type="checkbox"/> Yes    <input type="checkbox"/> No         </div> </div>		Title of Dissertation:	

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: \_\_\_\_\_

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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.

✕

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

\_\_\_\_\_  
Date

**Completed application is due by June 30th**

## **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. A **LETTER OF ACCEPTANCE** for admissions (first-time/transferring applicants ONLY) with a program description from the university you are enrolled at
4. A copy of your **UNDERGRADUATE DEGREE**
5. Proof you **APPLIED TO THE OREGON TRIBAL STUDENT GRANT** if attending an Oregon based University.

## **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 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 **June 30.**
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) 444-8373, Fax (541) 444-8392, Email: alissal@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.

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\_\_\_\_\_  
*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.

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\_\_\_\_\_  
*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.

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

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