

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 for the upcoming school year by June 30 Apply at https://studentaid.gov/h/apply-for-aid/afsa	YES	YES
SAT/ACT Scores or Placement Test Results	YES	NO
Proof of applying to the Oregon Tribal Student Grant if attending an Oregon based University. Apply at: https://oregonstudentaid.gov/oregon-tribal-student.aspx	YES	YES
Attention Students Entering 3 rd year at a University or 2 nd year at a Community College: Degree Evaluation		YES

Please submit all application materials to Area Office nearest your school (mail, email, or fax):

Siletz Area Office (Jeff Sweet)

Confederated Tribes of Siletz Indians
ATTN: Education
P.O. Box 549 Siletz, OR 97380
Phone: (541) 444-8207 Fax: (541) 444-8392
Email: jeffs@ctsi.nsn.us
-Including all out-of-state schools other than WA

Portland Area Office (Katy Holland)

Confederated Tribes of Siletz Indians
ATTN: Education
3220 SW 1st Ave. Suite 200 Portland, OR 97239
Phone: (503) 238-1512 Fax: (503) 238-2436
Email: 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

Eugene Area Office (Candace Hill)

Confederated Tribes of Siletz Indians
ATTN: Education
2468 West 11th Avenue, Eugene, OR 97402
Phone: (541) 484-4234 Fax: (541) 484-4583
Email: candaceh@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** for the upcoming school year by June 30
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 of a community college ONLY)
7. Proof you **APPLIED TO THE OREGON TRIBAL STUDENT GRANT**



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 **June 30**. FAFSA applications are available at <https://studentaid.gov/h/apply-for-aid/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		CTSI Roll Number
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
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 checked)				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: _____

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

Please return inquiries to the contact checked below:

☐

Jeff Sweet

Attention: Education
P.O. Box 549
Siletz, OR 97380
Fax: 541-444-8207
jeffs@ctsi.nsn.us

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Candace Hill

Attention: Education
2468 W. 11th Ave
Eugene, OR 97402
Fax: 541-484-4583
candaceh@ctsi.nsn.us

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Sonya Moody-Jurado

3160 Blossom Drive NE,
Suite 105
Salem, OR 97305
Fax: 503 390-8099
sonyamj@ctsi.nsn.us

☐

Katy Holland

12790 SE Stark St
Suite 102
Portland, OR 97233
Fax: 503-238-2436
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