

APPLICATION**SILETZ SCHOLARSHIP****APPLICATION DUE DATE: June 30**

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

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. An essay not to exceed five hundred words, double spaced, 12 point font, addressing the annual theme.
3. One (1) letter of recommendation.

Essays will be judged on correct format, 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.

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

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.

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 30.

Applications will not be considered if late, incomplete or not written in essay format.

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

If you have any questions, please call 541-444-8373 or email AlissaL@ctsi.nsn.us.

Please send application to:

Alissa Lane-Keene, Programs II 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.