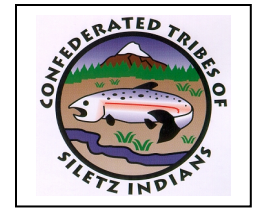


# CTSI AVT GRANT APPLICATION CHECKLIST



Documents Required for a Complete Application	First Time Applicant	Continuing Student
Adult Vocational Training Application	YES	YES
Statement of Education Goals and Plans	YES	YES
Certification of Siletz Tribal Enrollment	Program Verifies Enrollment	
Residency Requirement (Applicants Must Reside within the Eleven County Service Area): <b>Copy of Drivers License or ID</b>	YES	YES
Letter of Acceptance for Admission from College or Training Institute	YES	Yes, if transferring
Complete High School Transcript & Copy of High School Diploma, GED Certificate, or Complete College Transcript(s)	YES	YES, transcripts
Documentation that you submitted a FAFSA (deadline for students at schools on the academic year is <b>June 30</b> )	YES	YES
S.A.T./A.C.T Results, Placement Test, or School Aptitude Test	YES	NO
Degree Evaluation for Students Entering their Second Year at Community College		YES

Please Submit All Application Materials to Area Office nearest Your School (mail, email, or fax):

Siletz Area Office (Alissa Lane)  
 Confederated Tribes of Siletz Indians  
 ATTN: Education  
 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)

Portland Area Office (Katy Holland)  
 Confederated Tribes of Siletz Indians  
 ATTN: Education  
 12790 SE Stark St. Suite 102 Portland, OR 97233  
 Phone: (503) 238-1512 Fax: (503) 238-2436  
 Email: [katyh@ctsi.nsn.us](mailto:katyh@ctsi.nsn.us)

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](mailto:sonyamj@ctsi.nsn.us)

Eugene Area Office (Candace Hill)  
 Confederated Tribes of Siletz Indians  
 ATTN: Education  
 2468 West 11<sup>th</sup> Avenue, Eugene, OR 97402  
 Phone: (541) 484-4234 Fax: (541) 484-4583  
 Email: [candaceh@ctsi.nsn.us](mailto:candaceh@ctsi.nsn.us)

## Deadlines and Reminders:

- Applications to attend schools on the academic calendar are accepted once per year. The deadline for complete applications is **June 30<sup>th</sup>**. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR FUNDING**
- Applications to attend a clock-hour schools (i.e. truck driving school or cosmetology school) are considered on a case-by-case basis, there is no set deadline
- Students must reapply for funding each academic year
- All students must update any changes in contact information during the program

# CTSI ADULT VOCATIONAL TRAINING GRANT APPLICATION (AVT)

## 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	HOME TELEPHONE	WORK TELEPHONE
EMAIL ADDRESS (MOST FREQUENTLY USED)	MESSAGE PHONE	NAME OF CONTACT FOR MESSAGE PHONE

## Diploma Information:

Diploma	Name of High School
<input type="checkbox"/> High School	
High School Diploma Complete This area	Location of High School <span style="float: right;">High School Graduation Date</span>
Diploma	Where Obtained GED
<input type="checkbox"/> GED	
General Education Diploma (GED) Complete This area	Location Obtained GED <span style="float: right;">GED Graduation Date</span>

## Training Information:

TYPE OF TRAINING DESIRED:		
NAME OF COLLEGE/TRAINING PROGRAM		
ADDRESS OF COLLEGE/TRAINING PROGRAM		CITY, STATE & ZIP CODE
NAME OF COLLEGE/TRAINING PROGRAM CONTACT PERSON (IF KNOWN)	COLLEGE/TRAINING CONTACT PHONE (IF KNOWN)	COLLEGE/TRAINING CONTACT PROGRAM EMAIL (IF KNOWN)
PREVIOUS EXPERIENCE IN FIELD	(IF YES) PLEASE DESCRIBE:	
<input type="checkbox"/> No <input type="checkbox"/> Yes		

Have you previously attended college or an adult vocational training program:  Yes  No

Have you ever previously received a Tribal Education Grant?  Yes-Higher Ed  Yes-AVT  No

If yes:

List Schools/Training Programs Previously Attended	Total # of Higher Ed Terms/Semesters Funded with Tribal Aid	Total # of AVT-Terms/Months Funded with Tribal Aid
	_____ terms OR _____ semesters	_____ terms OR _____ months

Current Status in Education Program:  Good Standing  Probation  Suspended  Unsure

**STATEMENT OF EDUCATION PURPOSE:** I declare that I will use any funds I receive from the Confederated Tribes of Siletz Indians' Adult Vocational Training Program solely for expenses connected with attendance at:

Name of institution: \_\_\_\_\_

### PROGRAM EXPECTATIONS AND GUIDELINES

**Attendance:** Program expectations include regular attendance, arriving for class on time and remaining in class until the end of class. Your subsistence grants can be reduced according to the number of unexcused absences from school. One verbal warning will be given before any reduction will be implemented.

**Class Schedules:** Please submit each term's class schedule to your education specialist as soon as it is available. The schedule should include your name, the number of credits of each course, and class days/times. If you are working, please include those days and times.

**Grade Reports:** Students will not receive tribal checks for the next term until our office has received the previous term's grade report. It is your responsibility to provide us the report.

**12/2:** In order to remain in good standing with the CTSI AVT Program, you must complete twelve (12) credit hours per term and earn at least a 2.0 Grade Point Average (GPA) or the equivalent clock hours as determined by your training institution. Remember, you need to meet both the tribal program standards and your school's financial aid standards.

Please take care to protect your status as a student. Submit your Financial Aid Forms (FAFSA) no later than June 30<sup>th</sup> each year, respond to any request from the College Scholarship Service, and complete your school's financial aid validation process as soon as possible. The tribe will not replace any funding lost by a student failing to complete the financial aid process in a timely manner. The following page contains excerpts from the Confederated Tribes of Siletz Indians Adult Vocational Training (AVT) Manual. The excerpts outline the regulations and rules to be followed while participating in the AVT program. Please sign the statement below affirming that you have read and understand the manual excerpts and program expectations.

## **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 that the above information on this form is true and correct to the best of my knowledge. I consent to the exchange of information between the Tribal Education Program, other agencies and school staff. I request that any grant awarded me be mailed to me in care of the financial aid office of the institution. I will provide a copy of my grades or transcript to my education specialist at the end of each academic term/semester.

### **The following points are emphasized and you as the student agree to the following:**

1. Students receiving full grant aid are expected to complete a minimum of 12 credit hours per term/semester or the equivalent in clock hours as defined by their training program as well as complete training within the timeframe required by CTSI Education Program requirements. Satisfactory grades must be maintained (GPA of at least 2.0).
2. Each student must furnish a copy of their upcoming class schedule and most recent grade report to the tribe at the end of each term/semester. Failure to do so may result in a delay of the release of the subsequent term's funding or termination from the program.
3. Funds will be distributed to the financial aid officer or business manager of the college or training program for use in accordance with the approved budget.
4. If circumstances arise which make it impossible to remain in school, the student should 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.).

### **AGREEMENT**

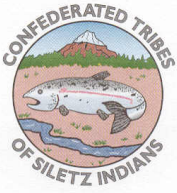
I hereby applied to the school indicated on this application and agree to follow all rules, regulations, attendance requirements of the school, and to the best of my ability, will satisfactorily complete the course, which I have selected. I further agree that the funds issued to me for training purposes by the Confederated Tribes of Siletz Indians, Adult Vocational Training Program, will be so used or repayment will be made to the Siletz Tribe. I understand that if I am eligible for other training funds, this will be included when computing my financial aid package and I agree to use those funds for the purpose intended. I authorize the school to release grades, attendance, financial aid and any other information that is related to academic progress to the Confederated Tribes of Siletz Indians.

**X**

\_\_\_\_\_  
*Signature of AVT Applicant*

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

Please return inquiries to the contact checked below:



**Alissa Lane-Keene**  
Attention: Education  
P.O. Box 549  
Siletz, OR 97380  
Fax: 541-444-8392  
[alissal@ctsi.nsn.us](mailto:alissal@ctsi.nsn.us)

**Candace Hill**  
Attention: Education  
2468 W. 11<sup>th</sup> Ave  
Eugene, OR 97402  
Fax: 541-484-4583  
[candaceh@ctsi.nsn.us](mailto:candaceh@ctsi.nsn.us)

**Sonya Moody-Jurado**  
3160 Blossom Drive NE,  
Suite 105  
Salem, OR 97305  
Fax: 503 390-8099  
[sonyamj@ctsi.nsn.us](mailto:sonyamj@ctsi.nsn.us)

**Katy Holland**  
12790 SE Stark St  
Suite 102  
Portland, OR 97233  
Fax: 503-238-2436  
[katyh@ctsi.nsn.us](mailto: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*