

Quileute Higher Education Scholarship

Application

PO Box 279 La Push, WA 98350
Phone: 360-374-6163 Fax: 360-374-6311
Education Director Dr. Lisa Tsuchiya
education.director@quileutenation.org

Applicant Information:

_____		_____	
Full Name		Date of Birth	
_____		_____	
Social Security Number		Student ID Number	
_____		_____	
Address	City	State	Zip

E-Mail			
_____		_____	
Home Phone #	Cell #	Message #	

Educational Information:

Name of College/Institution			

Address	City	State	Zip

_____		_____	
Telephone Number		Fax Number	
(Circle one): Freshmen Sophomore Junior Senior			
_____		_____	
Degree Seeking		Program of Study	

Scholarship Checklist:

- Cover Letter describing reasons and goals
- Completed Quileute Higher Education Scholarship Application
- Student Needs Assessment completed by a certified Financial Aid Officer of the educational institution that you will attend
- Quileute Tribal enrollment certification
- Copy of grades (Due each term)
- Copy of course schedule (Due each term)
- Proof of application for at least two outside scholarships

I certify that the information provided on this form is true and accurate. I understand falsifying information is grounds (reason) for immediate denial of application and/or termination of funds.

_____	_____
Applicant Signature	Date

Quileute Higher Education Scholarship

Policy Acknowledgement

I understand that the Quileute Higher Education Scholarship Program is a need based program, designed to help assist Quileute students with the costs associated with higher education. *It is not guaranteed that all expenses associated with the cost of attendance will be funded.* New and continuing awards are based on the limited availability of funds.

I acknowledge that in order to receive scholarship assistance I must meet all eligibility requirements, including maintaining a term GPA of at least a 2.0, and complete at least the number of credits identified on my term schedule. I understand that failure to meet eligibility requirements will result in a term of academic probation. If I fail to meet eligibility requirements while on academic probation, I will be ineligible to receive future scholarship assistance from the Quileute Higher Education Scholarship Program.

In the case that an unforeseen circumstance occurs resulting in the failure to successfully complete a scheduled course(s), I am aware that it is my responsibility to inform (via letter) and provide documentation to the Quileute Scholarship Coordinators within 10 business days of the date of the unforeseen circumstance. In accordance with the Quileute Administrative Offset ordinance, failure to comply with this policy could result in required repayment of the full scholarship amount associated with the costs of the incomplete/failed course(s).

I authorize the release of information on my Financial Aid, tuition, student account, and grades from my institution's employees to the Quileute Scholarship Coordinators. I authorize release of information on my Financial Aid, tuition, student account, and grades from the Quileute Scholarship Coordinators to my institution's employees.

In addition, I authorize the release of my name, birthdate, and enrollment number, to the Quileute Election Board for the purpose of determining my eligibility to vote at General Council in January.

I am aware that my application will be considered first priority if submitted to the Quileute Scholarship Coordinators by March 31st for the following academic year. Applications will be reviewed in the order that they are received. If I submit my application after March 31st for the following academic year, it will be considered pending Quileute Scholarship funding.

I am aware that in the event that I tamper and/or falsify grades, transcripts, or present false information to the Quileute Higher Education Scholarship Programs, I will be indefinitely ineligible to receive any scholarship assistance from the Quileute Higher Education Scholarship Program, and in accordance with the Quileute Administrative Offset Ordinance I could be responsible for the repayment of the value of any benefit received.

My signature below indicates that I have read and agree to all of the Quileute Higher Education Scholarship Program Policies.

Print Name: _____

Signature: _____ Date: _____

Quileute Higher Education Scholarship

Student Needs Assessment

PO Box 279 La Push, WA 98350
Phone: 360-374-6163 Fax: 360-374-6311
Education Director Dr. Lisa Tsuchiya
education.director@quileutenation.org

Release of Confidential Information

I, _____ with the SSN _____ - _____ - _____ (Applicant Name)	
Hereby authorize the release of information provided below to the Quileute Higher Education Scholarship Coordinators at: Quileute Higher Education Scholarship Program P.O. Box 279 La Push, WA 98350	
_____	_____
Applicant Signature	Date

The section below must be completed by a Certified Financial Aid Officer:

For _____ Fall _____ Winter _____ Spring _____ Academic year _____
Student Name Institution Terms Quarters _____ or Semesters _____

Budget period: _____ / _____ / _____ to _____ / _____ / _____ beginning on _____ / _____ / _____
Student met all college Financial Aid deadlines YES _____ NO _____

We have reviewed the application for the above student and have determined the following summary of cost and resources.

Cost of Attendance

Student is: Independent Dependant
(Off Campus) (Living at home)

Tuition/fees _____
Books/supplies _____
Room/Board _____
Transportation _____
Personal _____
Other _____
Total \$ _____ \$ _____

Financial Aid

(Do not put estimated Loan Amounts)

Pell Grant _____
State Need Grant _____
Work study _____
Subsidized Loan _____
Unsubsidized Loan _____
Other _____
Total \$ _____

Student Resources

Expected Family Contribution _____
TANF _____
Other _____
Total \$ _____

Comments:

Quileute Tribe Scholarship Request	
Educational Budget	_____
Grants & Loans	_____
Student Resources	_____
Scholarship Request \$	_____
<i>For Quileute Higher Ed Use ONLY</i>	

Financial Aid Officer Printed Name _____ Date _____ Educational College/Institution _____

Financial Aid Officer Signature _____ Date _____ Telephone and Ext # _____

Quileute Higher Education Scholarship

Additional Scholarship Verification

As a requirement of the Quileute Higher Education Scholarship Program, students must apply for a minimum of **two outside scholarships**. Verification of these applications must be submitted with the Quileute Higher Education Scholarship Program Application.

Please list the names of the scholarships that you have applied for below and attach a copy of these scholarship applications:

1. _____
2. _____
3. _____
4. _____
5. _____

As outlined in the Quileute Higher Education Scholarship Policies, it is the responsibility of the student to apply for outside scholarships. It is the role of the Scholarship Coordinator to assist the student in identifying these scholarships. If you need help identifying outside scholarships, please start by viewing the websites and links below:

- Your school's scholarship page
- <http://studentaid.ed.gov/sites/default/files/financial-aid-for-natives.pdf>
- <http://studentaid.ed.gov/>
- <http://cnay.org/ForYouth.html#Scholarships>
- <http://www.readysetgrad.org/college/american-indian-endowed-scholarship>
- <http://www.narf.org/nill/resources/scholarships.htm>
- <http://www.thewashboard.org/login.aspx>
- <http://www.bie.edu/ParentsStudents/Grants/index.htm>
- [http://www.collegefund.org/students and alumni/content/scholarships](http://www.collegefund.org/students_and_alumni/content/scholarships)
- <http://www.fastweb.com>