



QUILEUTE TRIBAL COUNCIL

Quileute Scholarship Program

PO Box 279 La Push, WA 98350

360-374-6163

scholarships@quileutenation.org



Quileute Scholarship Program Application

The Quileute Scholarship Program provides financial assistance to enrolled Quileute Tribal members in their pursuit of higher education, vocational certification, and career development opportunities as outlined in the Quileute Scholarship Program Policies.

Scholarships will be awarded according to Quileute Scholarship Policies and are subject to funding availability. The following documents must be submitted before scholarship applications can be processed and awarded. **A complete application must be submitted no less than 28 days prior to the term start date for which you are requesting scholarship assistance.**

Submit applications via email to scholarships@quileutenation.org

Checklist to be completed by Quileute Scholarship Coordinator upon review of application.

Applicant Name: _____ **Date:** _____
 New Applicant | Continuing **Academic Year Applying For:** _____

Scholarship Application Checklist:

Scholarship Application Packet

- Page 2: Applicant Information
- Page 3: Policy Acknowledgement
- Page 4: Goals Statement
- Page 5: Release of Information Form

Additional Requirements

- Copy of Tribal ID or Enrollment Verification (CIB) (must be current)
- University or Vocational program/training enrollment letter (First time applicants/transfer)
- Copy of course schedule (must submit prior to funds being disbursed)
- Copy of grades (continuing students must submit previous term grades)

Reviewed by Scholarship Coordinator on: _____ Approved | Not Approved

Total Award Amount: _____ **Amount Per term:** _____

Comments: _____

Council Motion Required: YES | NO

Applicant Information:

_____	_____	_____
Full Name	Quileute CIB #	Date of Birth
_____	_____	_____
Mailing Address	City	State
_____	_____	_____
Email	Home Phone	Message #

Educational Information:

_____	_____	_____
Name of College/Institution	Program of Study	Student ID #
_____	_____	_____
Address	City	State
_____	_____	_____
		Zip

Year of Study: First | Second | Third | Fourth | Fifth | Other _____

Assistance Type: Associate | Bachelor's | Graduate | Doctorate | Vocational Training | GED

Transfer Student (if applicable): Transferring credit hours _____ | Transferring associate degree

Terms (check all applicable): Summer | Fall | Winter | Spring

Term Type: Quarter | Semester | Trimester | Other (e.g., program length) _____

Enrollment Status: Full-time (12+ credit hours) | Part-time (6-11 credit hours)

Applicant Certification:

I certify that the information provided on this form is true and accurate to the best of my knowledge. I am aware that if I tamper and/or falsify grades, transcripts, or present false information to the Quileute Scholarship Program, I will be ineligible to receive any scholarship assistance. In accordance with the Quileute Tribal Ordinances, Codes and Resolutions, I am aware that I could be responsible for the repayment of the value of any benefit received. This includes but is not limited to possible garnishment of per capita payments and that I could face criminal prosecution for such acts.

Applicant Signature

Date

Policy Acknowledgement

I understand that the Quileute Scholarship Program is designed to assist Quileute enrolled tribal members with the costs associated with furthering their education. **It is not guaranteed that all expenses associated with the cost of attendance will be covered.** Initials: _____

I am aware that applications will be reviewed in the order that they are received and that an award cannot be made until all required application documents have been submitted. Initials: _____

I will provide a copy of my course/program registration for which I am requesting funding. I understand that any changes made to my term schedule/registration must be reported to the Quileute Scholarship Coordinator within 10 days of the change. Initials: _____

I will maintain a term GPA of at least a 2.0 and will provide a copy of my transcript with my grades, GPA, and total credit hours earned at the end of each term. Initials: _____

I understand that failure to meet the minimum GPA eligibility will result in a term of academic probation. If I fail to meet GPA eligibility while on academic probation, I will be ineligible to receive future scholarship assistance. Initials: _____

I understand that if I receive a 0.00 GPA (zero credits) I will be terminated from the scholarship program and will be ineligible to receive future scholarship assistance. Initials: _____

To regain eligibility, I will be required to complete one term of equivalent credits receiving a 2.0 or higher before I am eligible for future scholarship assistance. Initials: _____

I understand that it is my responsibility to withdraw/drop from a school or program if I am unable to attend and that any associated fees will be at my personal expense. I am aware that if I withdraw, drop, or fail to complete the required credit hours or program for which I have received assistance, I will refund the money awarded to me. Furthermore, I understand that if I fail to reimburse the program for assistance received action may be taken against me which may include but is not limited to garnishment of my per capita until the amount owed is repaid. Initials: _____

I understand that if an unforeseen circumstance occurs resulting in the failure to successfully complete the scheduled course(s) or program, it is my responsibility to inform and provide documentation to the Scholarship Coordinator within 10 business days. Initials: _____

I am aware that if I tamper and/or falsify grades, transcripts, or present false information to the Quileute Scholarship Program, I will be ineligible to receive any scholarship assistance and in accordance with the Quileute Administrative Offset Ordinance I may be responsible for the repayment of the value of any benefit received. Furthermore, if I am responsible for repayment and I fail to do so, action may be taken against me which could include but is not limited to possible garnishment of my per capita. Additionally, I could face criminal charges. Initials: _____

I acknowledge that I have read the Quileute Scholarship Program Policies in their entirety, and I understand that scholarship assistance is contingent upon the identified eligibility requirements and adherence to those policies.

Print Name: _____

Signature: _____

Date: _____

Goals Statement

Please explain your education and career goals and/or the type of assistance you are seeking. Include the level of degree or certificate program you are pursuing and estimated graduation/completion date. Explain how your education relates to a possible career or career enhancement opportunity. Statements should be typed, 12 pt. font, 200 words.

Release of Information

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the privacy of financial and academic student education records. Schools/institutions must have written permission from the parent or eligible student (if over 18 years of age) to release information from a student's educational record.

The intent of the Quileute Tribe in collecting and maintaining this data is for determining eligibility of the student to receive educational benefits and to provide a means of producing statistical records. Failure on the part of the applicant to provide the requested information will preclude the applicant from being eligible to obtain assistance under this program.

This form allows the Quileute Scholarship Program to obtain the required information from educational institutions. This information may be made available to authorized organizations or individuals in compliance with applicable laws.

I hereby authorize the Quileute Scholarship Program to release and share information regarding my Quileute Scholarship Application including eligibility verification, course/program registration and enrollment, award and disbursement amounts, billing statements and invoices with the designated individuals below over the period of _____:

(Academic Year)

- Quileute Tribe Enrollment Officer (CIB /Tribal Enrollment verification)
- College/University or Program: _____
(Insert Name of the Institution/Program you are Attending)
- Other individual(s) whom you would like us to share your information with (parent/guardian, spouse, partner, other): _____

- I understand that all pertinent information will be shared with the Tribal Attorney's Office as needed for any potential investigation, garnishment and/or criminal Prosecution.

I acknowledge that this release is valid for the academic year listed above or until I have revoked the release in writing.

Student Signature

Date

Parent/Guadian signature (For students under 18 years of age)

Date