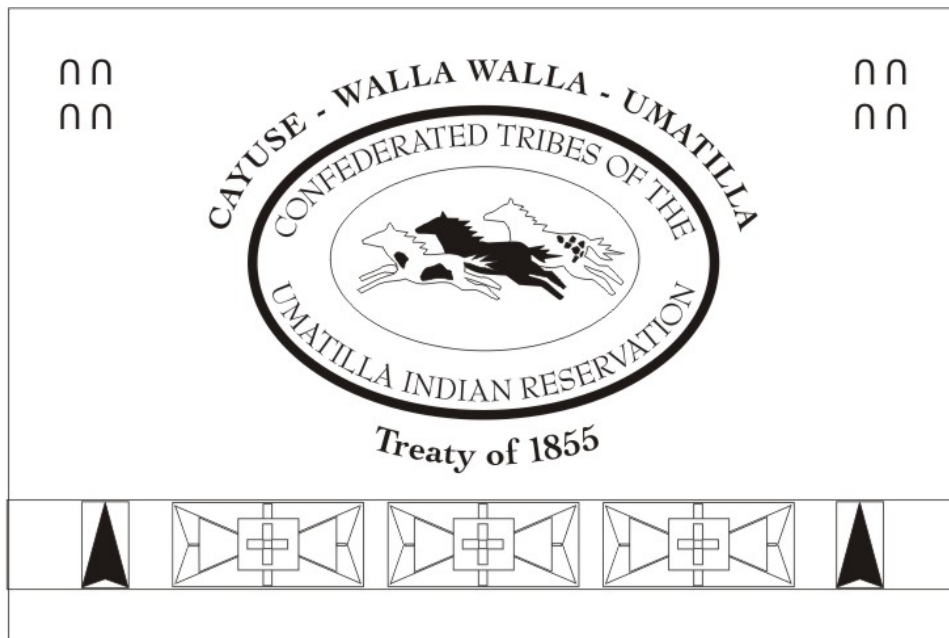


Confederated Tribes of the Umatilla Indian Reservation

Higher Education &  
Adult Vocational Training (AVT)

## *Scholarship Application*



Department of Education  
*Higher Education Program*

PO Box 638  
73239 Confederated Way ~ Pendleton, OR 97801  
1-888-809-8027 ~ 541-966-2240 ~ 541-276-6543 (fax)

### **2009-2010 Academic Year - Deadlines:**

Summer term	1 <sup>st</sup> Friday in May
Fall term / 1 <sup>st</sup> Semester	1 <sup>st</sup> Friday in Aug
Winter term / 2 <sup>nd</sup> Semester	1 <sup>st</sup> Friday in Nov
Spring term	1 <sup>st</sup> Friday in Feb

*Scholarships are awarded & disbursed based on availability of funds.*

# APPLICATION CHECKLIST

<u>Item #</u>	<u>Item Description / Form Name:</u>	<u>Date Completed</u>
1.	<b>Student Information Sheet.</b> Complete all questions fully and clearly (page 3).	_____
2.	<b>Scholarship Agreement &amp; Consent of Release.</b> Read carefully! Sign (page 3).	_____
3.	<b>Student Aid Report (SAR).</b> All applicants must complete a <a href="#">Free Application for Federal Student Aid (FAFSA)</a> . Email or attach '.pdf' file from FAFSA website.	_____
4.	<b>Student Needs Assessment (SNA).</b> Turn this form into your financial aid office for completion (after FAFSA info is available) and request it be faxed or mailed.  This provides us your financial aid and unmet need. Form is enclosed (page 4).	_____

**IMPORTANT: Accepting a loan(s) reduces your unmet need, and *may* reduce your scholarship award.**

5.	<b>Transcripts.</b> <u>Official transcripts</u> required from renewal scholarship recipients.  First time applicants: Copy of GED, high school, or college transcripts. Unofficial Transcripts are required / reviewed <b>prior to</b> scholarship disbursement(s). Attach.	_____
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----- ↓↓↓ **NEW APPLICANTS ONLY** ↓↓↓ -----

6.	<b>Acceptance letter.</b> From college / university / AVT program, or if transferred.	_____
7.	<b>Personal letter outlining education goals.</b> Attach one typed page. 'What are your education goals and how will your receipt of this scholarship benefit the CTUIR?'	_____
8.	<b>Three Recommendation letters.</b> From those in your support system. Attach.	_____
9.	<b>Proof of CTUIR Enrollment.</b> Copy of ID card or enrollment certificate. Attach.	_____

**Department of Education staff:**

Lou Farrow, Higher Education Program Director	(541) 966-2248	<a href="mailto:loufarrow@ctuir.com">loufarrow@ctuir.com</a>
Brandie Weaskus, Native American Higher Education Counselor & Liaison	CTUIR: 966-2258 BMCC: 278-5935	<a href="mailto:brandieweaskus@ctuir.com">brandieweaskus@ctuir.com</a> <a href="mailto:bweaskus@bluecc.edu">bweaskus@bluecc.edu</a>
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Department of Education Phone / Fax:	966-2240 / 276-6543	

This application may also be [downloaded](#) from the CTUIR website: [www.umatilla.nsn.us](http://www.umatilla.nsn.us)

## STUDENT INFORMATION SHEET

**Check mark or fill-in all questions completely and legibly. Incomplete applications cannot be processed.**

1. Have you received a CTUIR scholarship in the past? Yes  No  Year: \_\_\_\_\_ Terms: \_\_\_\_\_
2. Male  or Female  3. Name: \_\_\_\_\_  
(last) (first) (middle)
4. Address: \_\_\_\_\_  
Street City State Zip
5. E-Mail: \_\_\_\_\_ 6. Home Phone: ( ) \_\_\_\_\_ 7. Cell: ( ) \_\_\_\_\_
8. Birth date: \_\_\_/\_\_\_/\_\_\_ 9. Social Security #: \_\_\_\_\_ 10. CTUIR Enrollment #: \_\_\_\_\_
11. Marital Status: Married  Single  Solo Parent  # of Dependents: \_\_\_\_\_
12. Veteran: Yes  No  Branch: \_\_\_\_\_ Years in Service: \_\_\_\_\_--\_\_\_\_\_

13. Name of High School: \_\_\_\_\_ 14. Graduate? Yes  No  GeD  Year: \_\_\_\_\_
15. Name of College, University or AVT program selected: \_\_\_\_\_  
Address and department to send Scholarship check: \_\_\_\_\_ Phone: \_\_\_\_\_
16. Degree working toward: Associates (AA / AS)  Bachelors (BA / BS)  Masters (MA / MS)
17. Field of Interest (Major): \_\_\_\_\_ Minor: \_\_\_\_\_
18. Registration Status in 2009-10: Part-Time  Full-Time  Expected credits registering for: \_\_\_\_\_
19. Year in College: Freshman  Sophomore  Junior  Senior  Graduate
20. Term(s) Funding Requested: Summer 09:  Fall 09 / 1<sup>st</sup> Sem:  Winter 2010 / 2<sup>nd</sup> Sem:  Spring 2010:
21. Term Start Date: Summer: \_\_\_\_\_ Fall: \_\_\_\_\_ Winter: \_\_\_\_\_ Spring: \_\_\_\_\_
22. Term End Date: Summer: \_\_\_\_\_ Fall: \_\_\_\_\_ Winter: \_\_\_\_\_ Spring: \_\_\_\_\_
23. AVT Program Dates: Duration: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_ Payment Due: \_\_\_\_\_

### SCHOLARSHIP AGREEMENT

I, the undersigned applicant, agree to make every effort to satisfy all course requirements funded by the CTUIR Higher Education and Adult Vocational Training (AVT) Scholarship Program. I understand that if I fall below the required minimum 2.0 grade point average, or withdraw from school or adult vocational training during a term or semester funded by a Tribal scholarship, that I will be placed on Tribal scholarship probation during the following term. I agree to submit transcripts from the school or adult vocational training institution for each term for which I received Tribal scholarship funds.

I further provide my consent to the Tribal Education Department for the release of information to other CTUIR departments and enterprises regarding my receipt of Tribal scholarship funds, the school or adult vocational training institution that I attend, my grade level, or graduation from such schools or adult vocational training institutions, as well as my major field of study or adult vocational training subject matter.

\_\_\_\_\_ Student Printed Name

\_\_\_\_\_ Student Signature

\_\_\_\_\_ Date

### STUDENT NEED ASSESSMENT

***IMPORTANT: Form to be completed by a Financial Aid Officer only...please fax to number below.***

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Academic Year: 2009 – 2010 Expected Family Contribution (EFC): \_\_\_\_\_

Registration Status:  Full Time  Part Time Total Credits Registered: \_\_\_\_\_

Dependency:  Dependent  Independent CTUIR Enrollment #: \_\_\_\_\_

Marital Status:  Single  Married  Solo Parent # of Dependents: \_\_\_\_\_

Terms / Semesters Requesting funding:  Summer 09  Fall 09 / 1<sup>st</sup> Semester  Winter 2010/ 2<sup>nd</sup> Semester  Spring 2010

**Student Budget = cost of attendance (per enrollment status)**

**Adult Vocational Training (AVT) program cost:**

Tuition & Fees	\$
Room & Board	\$
Books & Supplies	\$
Transportation	\$
Personal Expenses	\$
Other: _____	\$
<b>Total</b>	\$

Financial Aid Available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tuition & Fees	\$	
Transportation	\$	
Personal Expenses	\$	
Other: _____	\$	
<b>Total Program Cost</b>	\$	
Start date:	End date:	

<b>FINANCIAL AID</b>	Summer 09	Fall 09 / 1 <sup>st</sup> Sem	Winter 2010 / 2 <sup>nd</sup> Sem	Spring 2010	<b>Totals</b>
Federal Pell					
State Pell					
State Grant(s)					
Tuition Waiver					
Loans Accepted:					
_____					
_____					
<b>TOTAL</b>					

<b>COMMENTS:</b>	
Name of FAO: _____	Total Budget: \$ _____
Signature of FAO: _____	Total Resources: \$ _____
College / Address: _____	Unmet Need: \$ _____
Send scholarship to: _____	Amount Approved: \$ _____
Telephone: _____ Date: _____	Date Approved: _____

**FINANCIAL AID OFFICER - Please fax or mail to:**

CTUIR – Dept of Education - Higher Education Program • PO Box 638 • Pendleton, OR 97801 • Fax: 541-276-6543