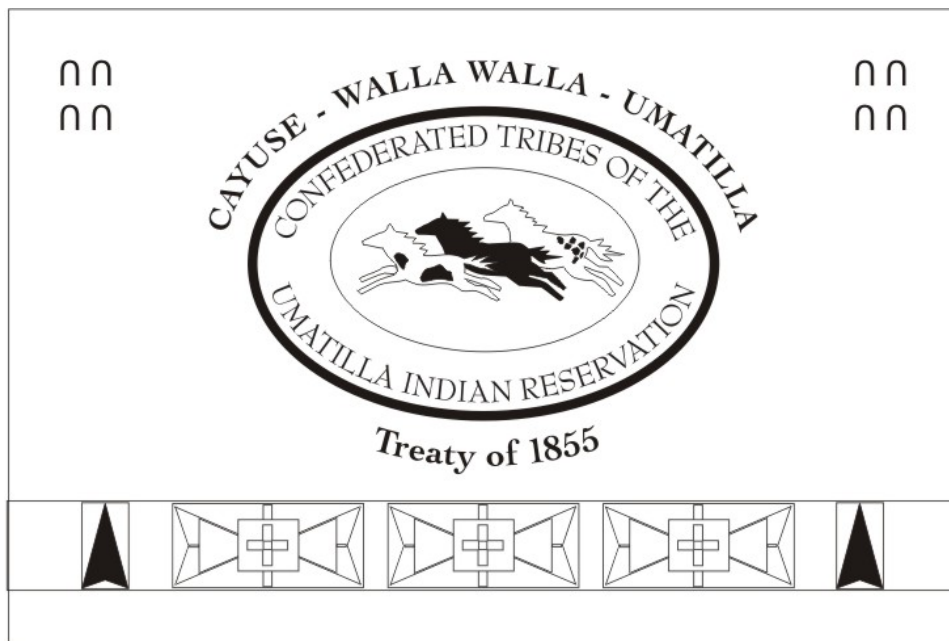


Confederated Tribes of the Umatilla Indian Reservation

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 ~ 541-966-2258 ~ 541-276-6543 (fax)

### **2008-09 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 clearly and fully (page 3).  | _____                 |
| 2.            | <b>Scholarship Agreement &amp; Consent to Release.</b> Read carefully. Sign (page 3).   | _____                 |
| 3.            | <b>Student Needs Assessment (SNA).</b> Typically last item submitted. Your student budget is <u>completed by a Financial Aid Officer</u> and provides the CTUIR with your overall financial aid award(s) and unmet need. Must use form provided (page 4). | _____                 |

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

- |    |   |       |
|----|---|-------|
| 4. | <b>Transcripts.</b> High School, college transcripts or GED certificate. Transcripts are required and reviewed <u>prior to</u> scholarship award disbursement(s). Attach.   | _____ |
| 5. | <b>Student Aid Report (SAR).</b> All applicants must complete a <a href="#">Free Application for Federal Student Aid (FAFSA)</a> . E-mail from the FAFSA website or attach. | _____ |

----- ↓↓↓ **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 Enrollment.</b> Request from CTUIR Enrollment at 541-966-2690. Attach.  | _____ |

**KEEP THIS CHECKLIST...UNTIL NOTIFIED THAT YOUR APPLICATION IS COMPLETE.**

**Department of Education staff:**

	~ 541 ~	
Lou Farrow, Higher Education Program Director	966-2248	<a href="mailto:loufarrow@ctuir.com">loufarrow@ctuir.com</a>
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Department of Education Phone:	966-2240
Fax:	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: \_\_\_\_\_

**(New Applicants. A copy of your college transcript, high school diploma or GeD certificate is required)**

15. Name of College, University or AVT program selected: \_\_\_\_\_

Address and dept 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 2008-09: Part-Time  Full-Time  Expected credits registering for: \_\_\_\_\_

19. Year in College: Freshman  Sophomore  Junior  Senior  Graduate

20. Term(s) Funding Requested: Summer 08:  Fall 08 / 1<sup>st</sup> Sem:  Winter 09 / 2<sup>nd</sup> Semester:  Spring 09:

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...AFTER FAFSA data is available.

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

Academic Year: 2008 – 2009 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 to be Funded:  Summer 08  Fall 08 / 1<sup>st</sup> Semester  Winter 09 / 2<sup>nd</sup> Semester  Spring 09

**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: _____

FINANCIAL AID	Summer '08	Fall '08 / 1 <sup>st</sup> Sem	Winter '09 / 2 <sup>nd</sup> Sem	Spring '09	Totals
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 Scholarship Program  
 PO Box 638 • Pendleton, OR 97801 • Fax: 541-276-6543