

**Lower Elwha Klallam Tribe**

**2851 Lower Elwha Rd.**

**Port Angeles, WA 98363**

**jessica.egnew@elwha.org**

**kristina.cain@elwha.org**

**360.452-8471 ext. 7425**

**Tribal Education Assistance**

**Application**

**Fall 2019 - Spring 2020**

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name** | **First Name** | **Middle Initial** | **Maiden Name** |
| **Social Security Number** | **School Term System:** [ ] **Quarter** [ ] **Semester****Plan to attend:** [ ] **Fall** [ ]  **Winter** [ ]  **Spring**Summer quarter is considered for funding if: funding is available; and enrollment for that term meets program requirements or is the last term to complete the degree - contact Education Director for application before May 1st. |
| **Tribal Enrollment Number** | **Date of Birth** | **Email Address** (All scholarship correspondence will be mailed to this address. Students are required to maintain a current email account) |
| **Current Mailing Address:** |
| **City** | **State** | **Zip** |
| **Permanent Mailing Address:** |
| **City** | **State** | **Zip** |
| **Cell Phone:**  | **Home Phone:**   | **Work Phone:**  | **Parent Phone:** (If applicable)  |
| If applicable, may we contact your parent(s) if unable to reach you regarding an emergency matter?Yes [ ]  No [ ]  |
| **Enrollment Status will be** (please check one):[ ]  Community College [ ]  University [ ]  Undergraduate Full-time (12 or more Credits) [ ]  Undergraduate Part-time (11 or less Credits)[ ]  Graduate Full-time [ ]  Graduate Part-time  |
| **College Classification** (please check one):[ ]  Freshman [ ]  Sophomore [ ]  Junior [ ]  Senior [ ]  Graduate [ ]  Doctorate/Professional  |
| **Major:** | **Minor:** |  |
| **Name and Address of High School or GED Center** | **Date H.S. Diploma or GED received** | **State where achieved** |
| **Comments:** |
| **College/University you plan to attend:****Expected Degree or Certificate from this College/University (what degree or certificate are you working towards?)** [ ] Certificate in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] AA (Associate of Arts) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] AAS (Associate of Applied Science) ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] BA/BS (Bachelor of Arts/Bachelor of Science) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] MA/MS (Master of Arts/Master of Science) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Have you received financial assistance from Lower Elwha Education in the past?** [ ] Yes [ ]  NoWhat is your GPA? \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Please submit a documentation of the years/terms and how many credits you have earned? This is REQUIRED!!! You may attach transcripts (can be unofficial).**  Please list all post-secondary schools/colleges you have attended. All college history must be submitted. Failure to include past academic history may result in denial of tribal financial assistance. You will want to include explanations of any incompletes, withdrawals or low grades for evaluation. |
| **Have you filed online for the Free Application for Federal Student Aid (FAFSA**)? [ ]  Yes [ ]  NoIf yes, please include copy of the Student Aid Report (SAR) with this application.If no, go to [www.fafsa.edu.gov](http://www.fafsa.edu.gov) and complete the application ASAP and provide copy of the Student Aid Report (SAR) within 10 days of submitting this application (no later than April 15th annually).**Note: All students should apply for other scholarships – please submit list of scholarship applications you have completed for additional funding**  |

**The Privacy Act of 1974 requires each Federal Agency that maintains a system of information on individuals to inform those individuals as to:**

1. The Authority (whether granted by statute, or by executive order of the President) that authorized the solicitation of the information and whether disclosure of such information is mandatory or voluntary;
2. The principle purpose or purposes for which the information is intended to be used;
3. The routine uses which may be of the information as published pursuant to paragraph (4), (d) of this subsection and;
4. The effects, if any, of not providing all or any part of the requested information.

The Lower Elwha Klallam Tribe requires the information in the application solely for the determination of eligibility. Failure on the part of the applicant to provide the necessary information may preclude applicant eligibility. A copy of the Privacy Act of 1974 is available upon request. If you are participating in other LEKT programs that require reporting, your information may be released to other LEKT departments.

|  |
| --- |
| **Personal Statement (Required)****With limited Tribal financial assistance available, serious students need to assure the Education Department/Committee that you are seriously interested in your education. Please write a *Personal Statement* of 500 words (not to exceed 2 pages) including the following:**☐Your plans and goals for the future as related to your educational path☐Your interests and passions☐Accomplishments (awards, recognitions, leadership opportunities, etc.)☐Community service and volunteer work☐How you will use your education to serve Lower Elwha Klallam people or if you live outside of the area, please describe ways you plan to participate in your own community or in neighboring Native communities. It is important that you impress the Education Committee with your Statement – make it GREAT!***Please attach response as a separate document to the application. This response is required for all applicants each year.*** |

**The following documentation must be on file no later than April 15, 2019 in the Education office for the student to have a complete file):**

☐ This Application including: your Personal Statement (as described above), Release of Information, and signed Agreement (this is needed annually)

[ ]  Proof of FAFSA Application (SAR) (**this is needed annually**)

[ ]  Copy of Birth Certificate (only needed once in a lifetime because it will remain in your file)

[ ]  Copy of CIB (Certification of Indian Blood) documenting enrollment in the Lower Elwha Klallam Tribe (only needed once in a lifetime because it will remain in your file)

[ ]  Copy of High School Diploma, Final High School Transcript, or GED Certificate (only needed once in a lifetime because it will remain in your file)

***Please note:***

***Before a check request can be made the first quarter/semester each year, students must submit proof of registration for courses. This can be in the form of a bill or course registration. Later quarter check requests require previous quarter transcript and proof of registration for current quarter/semester before a check request can be made.***

***Students must plan for at least 3 weeks for a check to be processed and arrive at your institution.*** Note: All information in the student’s file is considered confidential and will not be released to any person without permission of the student.

**Due to limited Tribal funding and more students pursuing higher education opportunities, students are encouraged to apply for Scholarships and Grants provided through your college, community groups and other opportunities. Most colleges use the FAFSA as Step 1 in this process. Each student is responsible for knowing and following their college’s FAFSA Priority Application due date. The sooner students complete their FAFSA the more “Institutional Aid” they are eligible to receive. Check your college’s website for those Priority Due Dates!**

**In addition if you are attending an institution in Washington State,** [**www.thewashboard.org**](http://www.thewashboard.org) **is a FREE site where you should set up an account. Your one application is then reviewed and matched to scholarships and grants. Instead of searching for scholarships – it matches you!!! Again the sooner you complete this application the more scholarship opportunities you will have access to.**



**Higher Education Assistance Program**

**Agreement 2019-2020**

If eligible, I understand that a Higher Education Grant will be made available to me through the Financial Aid or Business Office at the college I attend. I also understand that this award is for my educational expenses while I am enrolled in college. I agree to use the award(s) for educational purposes.

I will maintain at least 6 credits for a part-time student or 12 credits for a full-time undergraduate student. If I am a graduate student or higher, I will maintain the full or part-time credit requirements of the college or university I am attending. If I am required to retake courses that Tribal funds have previously paid, they will not be counted in the credit load for the Higher Education Grant. (i.e. 5 credits already paid for will result in proration of funds I am eligible to receive.)

My GPA must be 2.0 or better each term to remain eligible for financial assistance.

I understand that if I withdraw or receive a 0.00 GPA or 0 credits for insufficient and unjustifiable reasons before the term or training program is over, I will refund the monies awarded to me (including any tools) and that any future financial assistance to me will be jeopardized.

I understand further that it is my responsibility to inform the Education Director of any changes in my student or educational status within **10 days of change**. It is also my responsibility to **officially** withdraw from school in the event I am unable to attend and also provide a copy of the withdrawal form to the Education Director; otherwise, I may be responsible for full payment of tuition and fees.

I will send the Education Director a copy of my transcript with grades and total credits earned at the end of each term and a copy of my registration or bill for the term I am requesting funding. I know I will not receive funding for the next term until the Education Director receives these documents.

**I will inform the Education Director in writing, phone or in person of my intention to attend the next quarter by the following dates: Fall Quarter/Semester by August 31, Winter Quarter by December 15, and Spring Quarter/Semester by March 15. I am aware there is no funding available for Summer Quarter unless it is required by my program and/or includes the last credits to complete my degree/certificate and the funds are available from Lower Elwha Klallam Tribe.**

I HEREBY CERTIFY that all of the information on my application is correct to the best of my knowledge. I understand that any information I provide is subject to federal review and consent to the release of this and any other relevant information to my Agency, College Financial Aid Office, and the Tribal Scholarship Committee, as applicable to determine my aid.

**I have read and understand the Privacy Act Statement and this Higher Education Assistance Program Agreement and submit the information with full authorization for use in my education assistance.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

 

**Lower Elwha Klallam Tribe**

**Higher Education Assistance Program**

**Release of Information 2019-2020**

**College to Education Department**

Jessica Egnew, Education Director

Lower Elwha Klallam Tribe

2851 Lower Elwha Rd.

Port Angeles, WA 98363

Office: 360 452-8471 ext. 7425

Cell: 360 912-3317

Email: jessica.egnew@elwha.org

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Message #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The Privacy Act of 1974 required each Federal Agency that maintains a system of information on individuals to inform those individuals as to:**

1. The Authority (whether granted by statute, or by executive order of the President) that authorized the solicitation of the information and whether disclosure of such information is mandatory or voluntary;
2. The principle purpose or purposes for which the information is intended to be used;
3. The routine uses which may be of the information as published pursuant to paragraph (4), (d) of this subsection and;
4. The effects, if any, of not providing all or any part of the requested information.

The Lower Elwha Klallam Tribe requires the information in the application solely for the determination of eligibility. Failure on the part of the applicant to provide the necessary information may preclude applicant eligibility. A copy of the Privacy Act of 1974 is available upon request.

**STATEMENT OF EDUCATION PURPOSE:** I declare that I will use any funds I receive under the Lower Elwha Klallam Tribe Higher Education Assistance Program solely for expenses connected with attendance at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please identify the college you plan to attend.)

I HEREBY CERTIFY that all the above information is correct to the best of my knowledge. I understand that any information I provide is subject to Federal Review and consent to the release of this and any other relevant information to my Tribe, college financial aid officer, and Education Advisory Committee as applicable, to process my application and maintain grant eligibility. I will provide a copy of my transcripts to the Lower Elwha Klallam Tribe Education Director at the end of each quarter/semester before requesting funds for the following quarter/semester. Participants in the Lower Elwha Higher Education Program are required to make satisfactory progress per quarter/semester with a 2.0 quarterly and accumulative grade point average in their pursuit of a degree or a certificate from an accredited educational institution and/or program. Failure to meet this requirement may result in the loss of the scholarship grant.

**I authorize the release of grades, attendance reports, progress reports and any information to the Lower Elwha Klallam Tribe Education program personnel.**

I have read the above and hereby authorize the use of such information to the extent of the uses specified in this statement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_ Signature Date