

**Lower Elwha Klallam Tribe**

**2851 Lower Elwha Road**

**Port Angeles, WA 98363**

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360.452-8471 ext. 7425

**Lower Elwha Klallam Tribe**

**OPICAC McCambridge**

**Scholarship Application**

**Spring 2019-Fall 2020**

This scholarship application is offered to students who are returning to college and seeking financial aid reinstatement. Students must demonstrate serious academic intent by registering for college classes in Summer, Fall or Spring Session while required to pay for their own tuition. This scholarship is not a set amount. The financial award will be determined based upon need and available funds. If possible, payment in full will be made for 6 credits in addition to required books, per awarded student.

**Each student may be awarded this scholarship only once in their lifetime.**

Eligibility Requirements:

[ ]  Lower Elwha Klallam Tribal member

[ ]  Returning college student, seeking financial aid reinstatement

Required Documentation:

[ ]  Letter of intent from student

[ ]  Proof of college registration

[ ]  Financial information summary form

[ ]  Proof of enrollment in the Lower Elwha Klallam Tribe

If selected, you will be asked for documentation to support the data you provide. Likewise, all correspondence and award agreements will be generated from the personal information submitted below. So, please use proper spelling, capitalization and punctuation.

| OPICAC McCambridge Scholarship Application |
| --- |
| Applicant Information |
| Name (First, MI, Last): |
| Date of birth: | SSN: | Phone: |
| Current address mailing address: |
| City: | State: | ZIP Code: |
| Permanent mailing address:  |
| City: | State: | ZIP Code: |
| Home Phone: | Work Phone: | Message Phone: |
| Tribal Enrollment Number: | Email: |
| student information |
| College Attending: |
| Degree Program: |
| College Classification (mark one)[ ]  Freshman [ ]  Sophomore [ ]  Junior [ ]  Senior  |
| Credits Completed: | Student ID number: | GPA: |
| High School or GED center: | Date Diploma/GED received: |
| Have you previously applied for this scholarship? [ ]  Yes [ ]  No |
| If yes, have did you receive this scholarship? [ ]  Yes [ ]  No |
| Have you filed online for the Free Application for Federal Student Aid (FASFA)? [ ]  Yes [ ]  No |
| Have you filled out a Higher ED-Tribal Education Assistance application?[ ]  Yes [ ]  No |

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.

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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

Fax: 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;

The principle purpose or purposes for which the information is intended to be used;

1. The routine uses which may be of the information as published pursuant to paragraph (4), (d) of this subsection and;
2. 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 OPICAC McCambridge Scholarship solely for expenses connected with attendance at:

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. I will provide a copy of my transcripts to the Lower Elwha Klallam Tribe Education Director at the end of this quarter.

**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.

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Signature Date