



**Tribal Education Assistance
Application
Fall 2026 - Spring 2027**

**Lower Elwha Klallam Tribe
2851 Lower Elwha Rd.
Port Angeles, WA 98363
Jessica.Egnew@elwha.org
360-452-8471 ext. 7425**

Applicant Information

Full Name: _____ **Date:** _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ **Email:** _____

Date of Birth: _____ **Tribal Enrollment Number or First Generation Descendant:** _____

Enrollment Status: Part-time: YES NO **Enrollment Status Full time:** YES NO
College Classification: Freshman Sophomore Junior Senior Graduate Doctorate

If applicable, may we contact your parent(s) YES NO Phone: _____ Email: _____

Have you received assistance from LEKT's Education Program in the past? Yes No

Current GPA: _____

College or University you plan on attending:

College: _____ Address: _____
College: _____ Address: _____

Please attach transcripts (can be unofficial) if you are returning to school. 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 No
If yes, please include copy of the Student Aid Report (SAR) with this application.
If no, go to www.fafsa.gov or <https://studentaid.gov> and complete the application as soon as possible and provide a copy of the Student Aid Report (SAR) to the Education department as soon as available.

ONGOING STUDENTS SUBMIT:

- This **Application** including, your **Personal Statement**, which details your education plans as well as how you plan on helping Native Americans when you are finished with your degree (no more than 500 words) and **signed Agreement**.
- Proof of FAFSA Application (Student Aid Report, must be filed and **submitted on an annual basis**).

NEW STUDENTS NEED TO INCLUDE THE FOLLOWING: ONLY NEEDED ONCE IN A LIFETIME AS IT WILL REMAIN IN YOUR FILE

- Copy of Birth Certificate
- Copy of CIB (Certification of Indian Blood) documenting enrollment in the Lower Elwha Klallam Tribe
- Copy of High School Diploma, Final High School Transcript, or GED Certificate

BEGINNING 2021-2022 NEW STUDENTS ARE REQUIRED TO MEET WITH THE EDUCATION DIRECTOR PRIOR TO STARTING SCHOOL.

A check request will be prepared when the student submits a copy of their registration for the quarter or semester along with their current transcript. **Please plan for at least 3 weeks for a check to be processed and to arrive at your Education Institution.**

Note: All information in the student's file is confidential thus will not be released to any person without permission of the student.



Higher Education Assistance Program
Agreement 2026-2027

The Higher Education Grant will be available to me through the Financial Aid or Business office of the college I attend. The award is for my educational expenses while enrolled in college. **PLEASE INITIAL EACH PARAGRAPH BELOW TO INDICATE YOU HAVE READ THE REQUIREMENTS FOR THE LOWER ELWHA KLALLAM TRIBE EDUCATION BENEFITS!**

_____ I will maintain at least **6 credits for part-time student status 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 attend.**

_____ If I am required to **retake courses** the tribal funds have previously paid, the credits will not be counted in the total credit load for the current higher education grant. For example, you decide to take 12.0 credits. Of the 12.0 credits the tribe has already paid for a 5.0 credit class that you need to retake (for whatever reason) your **funding will be prorated** for 7.0 credit hours.

_____ I agree to **maintain a GPA of at least a 2.0** to remain eligible for financial assistance.

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

_____ It is **my responsibility to inform the Education Director of any changes in my student or education status within 10 days of the change.**

_____ It is my responsibility to **officially withdrawal from school in the event I am unable to attend. I will then provide a copy of the withdrawal form to the Education Director.** Otherwise, I may be responsible for full repayment of tuition and fees to LEKT.

_____ I will send the Education Director a **copy of my transcript with grades and total credits earned at the end of each term.**

_____ I will provide a **copy of my registration** for the term I am requesting funding.

_____ There is **not** funding for **summer** quarter unless it is a requirement of the program I am attending. I must then provide documentation to validate summer requirement.

_____ Ensure a **W-9** for your school is on file for Lower Elwha Klallam Tribe’s accounting office.

I HEREBY CERTIFY that all of the information on my application is correct to the best of my knowledge. I understand any information I provide is subject to federal review and consent to the release of all information relevant to my agency, college financial office as applicable to determine my aid.

Applicant’s Signature

Date



Lower Elwha Klallam Tribe
Higher Education Assistance Program
Release of Information 2026-2027
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 Name:	
Student Address:	
Email:	
Student ID Number:	

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.

SIGNATURE	DATE
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