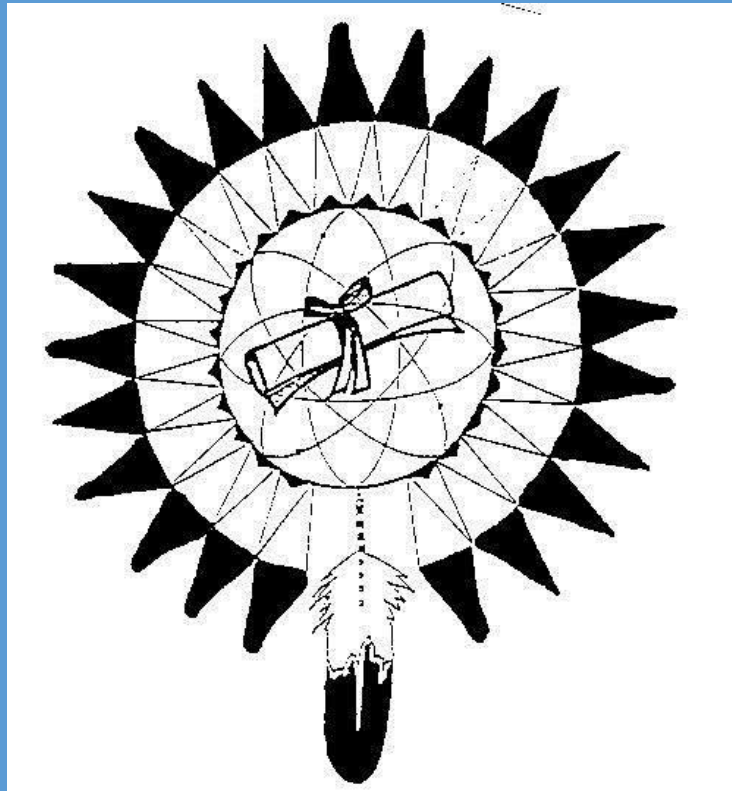


SPOKANE TRIBE HIGHER EDUCATION APPLICATION



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SPOKANE TRIBE EDUCATION DEPARTMENT P.O Box 358 Wellpinit, WA 99040



Spokane Tribe Education Department

P.O. Box 358 • Wellpinit, WA 99040 • Phone (509) 458-8005 • Fax: (509) 458-8017
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What types of assistance could I be eligible for?

After your financial aid Scholarships & Grants \$1,000 or greater have been calculated and applied to the cost of tuition, should there be an unmet need in regard to tuition & room and board (room and board applicable to entering freshman only), the Spokane Tribe Higher Education program may be able to assist with:

Up to \$8500 in tuition assistance per academic year

- Undergraduate & graduate students
- Determined on an as-need/unmet basis after receipt of higher education application + supporting documents & after receipt of financial aid information as determined by your educational institution

Up to \$3,000 in monthly stipends per academic year

- Undergraduate students only per STOI Education Policies & Procedures
- Released to students on a monthly basis at \$150 for half of the month attended or \$300 for each full month that the student attends
- Applicable for full time students (12 or more academic credits per term) only
- Must work less than 31 hours per week to qualify

Up to \$600 in book reimbursement award assistance

- For full-time, part-time, undergraduate and graduate students

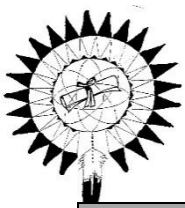
To be eligible for the items listed above, as an applicant, you must also be in good standing with Federal Financial Aid. Additionally, you must be a Spokane Tribal Member and currently possess a high school diploma or a general education development certificate (GED). Furthermore, at the time of application, the applicant must show proof of attempted enrollment in a 2 year or 4 year accredited college.

To continue with the application process, please fill out and return pages 2-8 to either the Education Program Manager or the Outreach Coordinator on or before the established deadlines listed below:

Long-term open date: February 15th, 2018, *program must begin after on or after fall 2018 and be between fall 2018 and spring 2019*

Long-term close date: May 15th, 2018

You will also need to submit all required documents listed on our new student or returning/continuing student checklist at the time of application submission.



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Student & family information

Name (Last, m, first)		Social security # <small>(required)</small>
Other/Previous Last names(s) used <small>if any</small> <u>maiden name</u> :		Date of birth:
Physical address:		
Mailing address: this address is where all official Education documents will be sent to		
City, State, and Zip Code:		
Phone: <small>required</small>	Alternate Phone: <small>(required)</small>	
Email <small>(required)</small> this email is where all unofficial Education documents will be sent to and will occasionally be used to correspond with student		
Gender:	Veteran: <small>check one</small> Yes <input type="checkbox"/> No <input type="checkbox"/> Registered for Selective Service: Yes <input type="checkbox"/> No <input type="checkbox"/>	Marital Status: <small>(married, single, divorced)</small>
Dates of Military Service:	Have you ever received Higher Education assistance in the past? <small>check one</small> Yes <input type="checkbox"/> No <input type="checkbox"/> When?	
Tribal Affiliation <small>(name of tribe)</small>	Enrollment #	Dependents? <small>check one</small> Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently receive assistance from another 477-TANF program? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure <input type="checkbox"/>		



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Academic information		
Current		
Current school name or last school attended: <small>if n/a write n/a</small>	Dates attended <small>(current or previous):</small>	Previously received degree? If so, please list what year & type (AA/BA):
Mailing & Physical address of current or last college attended:	Phone number of college:	
College planning to attend 2018-2019 SY:	Anticipated Graduation date & anticipated degree upon graduation from this school:	
Mailing & Physical of college planning to attend:	Phone number of college:	
Major/Area of interest <small>(if known):</small> Minor/Area of interest <small>(if known):</small>		
Student Status funding is being requested for 2018-2019 School Year as: <small>please check one</small> Full time <small>(12 more credits)</small> <input type="checkbox"/> Part time <small>(<12 credits)</small> <input type="checkbox"/>	Term funding is being requested for: <small>please check one</small> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Entire Academic Year <small>(fall thru spring)</small> <input type="checkbox"/> Other, please specify term & year: <input type="checkbox"/> _____	
Year in college upon start of term funding is being requested for: <small>circle one please</small> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> Freshman Sophomore Junior Senior Graduate Other <small>(specify)</small> </div> <div style="text-align: right; margin-top: 5px;"> _____ </div>		



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Degree sought to be achieved at end of **2018-2019** school year: circle one please; if **no degree** will be obtained at the end of this school please circle "other"

AA/AAS (2 year)

BA/BAS (4 year)

Masters (BA and above)

Doctoral

Other

High school

Name & graduation date:

GED

Name & graduation date:

College

Other colleges not mentioned above (please include dates attended):

Employment

Are you currently employed?

Yes

No

Anticipated employment while in school

Part time Full time

Unknown

Name & address of current or anticipated employer:



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Statement of Education Purpose

I declare that I will use any funds I receive under the Higher Education Program within the Spokane Tribe Education Department solely for expenses associated with attendance at :

Name of Education Institution attending **2018-2019 School Year** (please write in below):

Student name, printed: _____

Student Signature: _____ Date: _____

Privacy Act

This information is provided to Public Law 93-579 (Privacy Act of 1974), December 31, 1974. Although furnishing personal information to this office is voluntary, failure to supply complete and accurate information may preclude the applicant from eligibility for assistance under this program.

This information is being collected to determine eligibility of individuals applying for services. This information will be used to produce statistical records required of the Office of Indian Education Programs. Response to this request is required to obtain a benefit.

I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to necessary agencies to complete my financial aid package. I request that any BIA grant awarded to me be mailed to me in care of the financial aid office of the institution. I will provide a copy of my grades or transcript to the Higher Education Office at the end of each academic term.

Student first and last name, please print

Student signature

Date



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Student Agreement

Student must initial each box to be considered complete. Missing initials = incomplete

Please make sure that you have thoroughly read each clause that you are agreeing to

Each agreement must be initialed. Items within the Agreement Clause are not optional

Initials	Agreement Clause
	I agree to maintain a <u>minimum GPA of 2.0</u> in both <u>term</u> and <u>cumulative GPA</u> while simultaneously carrying a minimum credit load of twelve (12) credits as a full-time student. As a part-time or Grad student, I agree to maintain a <i>minimum</i> GPA of 2.0. Should my program require a different GPA, I agree to maintain that of my program requirements.
	I will make necessary reports regarding my progress and furnish any other information requested, including intent to transfer or withdraw. Intent to transfer must be given to the Education Program Manager (EPM) at least sixty (60) days in advance of transfer. Intent to withdraw must be given at least 30 days of intent to withdraw.
	I understand that if I withdraw from school, for any reasons, before the end of the term/quarter/semester, I am to refund to the Spokane Tribe Education Program all monetary awards disbursed/advanced to me during that term/quarter/semester before I qualify for any further awards.
	Additionally, I understand that should I withdraw from classes mid-term that I am to reimburse the program for partial monthly stipend funds that had been issued in good faith that I were to continue courses for the entire month.
	I understand that Spokane Tribe Education funds may cover my education expenses related to tuition after <u>all other grants and scholarships received \$1,000 or greater have first been applied to the cost of tuition</u> . Should I receive any additional outside funding, from sources such as delayed financial aid or scholarships, including MOU scholarships, <i>after</i> Tribal funding has been disbursed, I agree to and understand that I am to reimburse the STOI Education Department for expense paid on my behalf that may have been issued as overpayment. This is applicable only in instances where overpayment on STOI's behalf has happened. The Program Manager will determine if overpayment has happened and notify the student.
	I agree should I owe the STOI Education Department money for overpayment, 0.0 grades, or other items that have placed me into payback, that I authorize the STOI Education Department to withhold any trust income (per capita or settlement) I may have in the future, or take any means necessary for collection, until full credit has been received.



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	<p>I fully understand that it is my responsibility upon completion of each academic term to submit my grades within 10 days after receiving final grades and no later than the 30th of the month in which they are received; in addition to providing my next academic term schedule.</p> <p>I understand a delay in providing these documents will delay my education funding, including tuition payment, being sent on my behalf to my Educational Institution.</p>
	<p>I understand as a continuing student that I am required to submit a <u>new application</u> for each academic year that I wish to seek funding for.</p>
	<p>I understand that the deadlines are as follows:</p> <p>Fall/Priority: May 15th</p> <p>Winter/Spring: September 1st</p> <p>Summer 2018: January 1st</p> <p>I understand that there are no exceptions to the deadlines.</p>
	<p>I am signing in agreement that I have received the new 2018-2019 Education application and a copy of the policies and procedures from the Education Department.</p>
	<p>I have read the Spokane Tribe of Indians Education Department Policies and Procedures manual and agree to abide by all Policies & Procedures set forth in order to remain eligible for Higher Education assistance through the Spokane Tribe Education Department.</p>

Student name, please print

Date

Student Signature

Date



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Release of information

Under the Federal Privacy Act of 1974, Federal Agencies cannot release your personal information without your authorization and the Spokane Tribe Education Department is subject to these restrictions.

Restrictions without signature include: access to financial aid information, student file at your educational institution, etc.

To release those restrictions, I have signed and consented to this release of information that will allow the Education Department staff to explore alternative sources of assistance that may aid in the individual student. I understand that my application and records will be kept confidential.

I have read and understand that the above statement regarding my Privacy Rights and the purposes for which information about me will be used by the Spokane Tribe Education Department staff.

I authorize the release of information about myself and my educational background to the Spokane Tribe Education Department staff to help me secure financial assistance.

Student first and last name, please print

Student signature

Date