Shoalwater Bay Tribe Higher Education Application Packet

Education Information Form

Last Name		
First Name		Initial
E-Mail		
Mobile Phone		
Home Phone		
Message Phone		
Home Address		
City	State	Zip Code
Count	ry	
Mailing Address		
City	State	Zip Code
Count	ry	
Birth Date	SSN	

High School	Gra	duated/G.E.D	
Colleges, Trade School	ols/ Certificate Programs attended		
Names of College(s) to	o which you have applied		
Year in College			
I am interested In			
Intended College Majo	or		
Number of Credits Yo	ou Intend to Carry		
Where Will You Live	While You Attend College		
Marital Status			
Dependents (names /a	ges)		

Tribal Background

Your Tribe	Shoalwater Bay ID #
Father's Name	His Tribe
Address	Birthdate
Mother's Maiden Name	Her Tribe
Address	Birthdate

Shoalwater Bay Tribe Grant Application Checklist

To complete the Higher Education Grant Application make sure you have read the Shoalwater Bay Higher Education Grant Policy as well as provide all of the requested Information. Print, sign,date and mail The enitre application to the Shoalwater Bay Education Department.

Please provide the Education Department with a copy of the Following Document	nts:
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Shoalwater Bay Tribal Enrollment Certificate
High school diploma or proof of GED, include high school transcripts
A copy of your Birth Certificate
Completed, and submitted copy of your FAFSA
A copy of your acceptance letter from the college or university. Also, send offical copies of prior college course work. The Education Department requires up-to-date class schedules, grades and class credit load.
A copy of your completed community service hours
Include all of your Extra Curricular activities during you high school career
Also, any Achevements/ Leadership roles during you High School career
Attatch your essay
3 letters of recomondation (not from family members)
Completed W-9 form (attached to this application)

^{*} Essay topics should include: Statement of need, Future plans/goals and how you plan on using your education for the betterment of the Shoalwater Bay Tribe. This essay should be a maximum of one page double spaced.

Shoalwater Bay Tribe Memorandum of Commitment form:

-	,
e uncersigned, hereby	y agree to:
ease initial ALL box	xes,
· · · · · · · · · · · · · · · · · · ·	I have read and understand the Shoalwater Bay Higher Education policies in their entirety.
· · · · · · · · · · · · · · · · · · ·	If I am reimbursed for anything pertaining to my scholarship I am to remit it to the tribe.
	I understand that this is subject to availability of funds.
	I understand it is my responsibility to notify the school and the Shoalwater Bay Education Department immediatley when I withdraw/drop any class. Including any breaks in school year quarter/semester.
<u> </u>	I am aware that if I do withdraw and/or fail to maintain 12 credits and a 2.0 GPA I will be placed on academic probation.
· · · · · · · · · · · · · · · · · · ·	I understand that by signing this form I am agreeing to turn in all requested paperwork by the specified dates of the policy.

Education Information Release Form:

Client Cons To release	sent Form confidential information
Name	
SSN	
DOB	
Address	
Phone	
appropriate department	d the Shoalwater Bay Education Department and Committee may release information to other agencies, educational services, or institutions. Also information may be released from Tribal and appropriate agencies, educational services, or institutions to the Shoalwater Bay Department/Committee at their request upon my signature.
	Signature
	Date

This grant application should be printed, filled out in its entirety and sent by mail to:

Shoalwater Bay Education Department Att. Jennifer Taylor 2373 Tokeland Rd. P.O. Box 130 Tokeland, WA 98590

Certification:

If eligible, I understand that this award is for my educational expenses while I am enrolled in College and maintaining 12 credit of transferable College credit per term/quarter and a 2.00 GPA or better. I am to send the Shoalwater Bay Education Department a transcript at the end of each term/quarter.

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 any any other relevant information to the Shoalwater Bay Education Department/Committee, College Finacial Aid Officer and Bureau of Indian Affairs Education Department.

Date	Applicant Signature	
Date	Applicant Signature	