

Shoalwater Bay Tribe Higher Education  
**Continuing Student**  
Application Packet

Education Information Form

Last Name

First Name  Initial

E-Mail

Mobile Phone

Home Phone

Message Phone

Home Address

City  State  Zip Code

Country

Mailing Address

City  State  Zip Code

Country

Birth Date  SSN

# Shoalwater Bay Tribe Grant Application Checklist

Please be sure and read the Shoalwater Bay Higher Education Grant Policy as well as provide all of the requested information below. Print, sign and date the entire application to the Shoalwater Bay Education Department.

Please provide the Education Department with a copy of the Following Documents:

- Current College Transcripts (unofficial is okay)
- Completed, and submitted copy of your FAFSA
- Proof of enrollment in college or university
- Up to date class schedule including credit load

## Shoalwater Bay Tribe Memorandum of Commitment form:

I \_\_\_\_\_,

the undersigned, hereby agree to:

**Please initial ALL boxes,**

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 immediately when I withdraw/drop any class. Including any breaks in school year quarter/semester.

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.

**Student Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Shoalwater Bay Education Department Information Release Form:**

Client Consent Form  
To release confidential information

**Name** \_\_\_\_\_

**SSN** \_\_\_\_\_

**DOB** \_\_\_\_\_

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

**Phone** \_\_\_\_\_

I understand the Shoalwater Bay Education Department and Committee may release information to other appropriate agencies, educational services, or institutions. Also information may be released from Tribal departments and appropriate agencies, educational services, or institutions to the Shoalwater Bay Education Department/Committee at their request upon my signature.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## Shoalwater Bay Tribe Grant Application Certification Form:

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

Shoalwater Bay Education Department  
Attn. 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 Financial Aid Officer and Bureau of Indian Affairs Education Department.

Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_