

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

Country

Mailing Address

City State Zip Code

Country

Birth Date SSN

High School

Graduated/G.E.D

Colleges, Trade Schools/ Certificate Programs attended

Names of College(s) to which you have applied

Year in College

I am interested In

Intended College Major

Number of Credits You Intend to Carry

Where Will You Live While You Attend College

Marital Status

Dependents (names /ages)

Tribal Background

Your Tribe	<input type="text"/>	Shoalwater Bay ID #	<input type="text"/>
Father's Name	<input type="text"/>	His Tribe	<input type="text"/>
Address	<input type="text"/>	Birthdate	<input type="text"/>
Mother's Maiden Name	<input type="text"/>	Her Tribe	<input type="text"/>
Address	<input type="text"/>	Birthdate	<input type="text"/>

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 entire application to the Shoalwater Bay Education Department.

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

- 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 official 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 Achievements/ Leadership roles during your High School career
- Attach your essay
- 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:

I _____,

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** _____

Education 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

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
Att. **Quintin Swanson**
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
