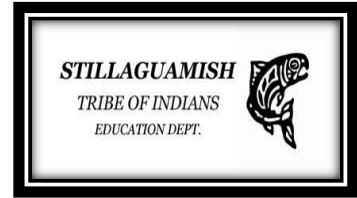


Stillaguamish Tribe of Indians Education Department

Higher Education Scholarship Packet



Name of Applicant: _____ **Date:** _____

Purpose: The Higher Education Assistance Program was developed to help tribal members with the costs associated with enrolling in a higher education training program or school that will help them further their careers.

Eligibility: To receive this benefit, the recipient must be listed as an enrolled Stillaguamish Tribal Member or Descendant and must be enrolled in a higher education training program or accredited college. Applicants must plan accordingly to ensure prior approval is granted before the course or program begins. Processing may take up to three weeks.

Available Award Amount: An eligible applicant may receive education benefits each academic year to cover tuition, books and supplies required per class. The academic year, regardless of school or program, is defined as July 1 – June 30. Funding for this program is subject to availability of Tribal resources and budget approval by the Board of Directors.

Payment: If the applicant is awarded funding, the payments will be reimbursed or made directly to the school, vendor, or program.

Application Process: Please complete the following documents (included in the packet):

- General Information Form
- Applicant Funding Acceptance Agreement Form
- Applicant Financial Needs Plan

In addition, please provide the following information:

- Proof of enrollment in school or program
- Proof of application expenses (application fees, test submission fees, etc.)
- Copy of class schedule
- Copy of Financial Aid award letter from your college or institution

Once you have completed this application and completed the required, please send it and to the Education Department.

Email: education@stillaguamish.com

Mailing Address:

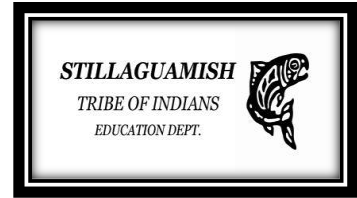
ATTN: Education
P.O. Box 277
Arlington, WA 98223



Stillaguamish Tribe of Indians Education Department

Higher Education Scholarship Packet

General Information Form



Applicant Information:

First Name:	Last Name:
Address:	City:
State:	Zip Code:
Phone Number:	Email Address:
Enrollment Number:	Birthdate:
Level of Education Completed:	Date:

Program Information:

Note: The provided address is where incentive or reimbursement checks will be sent to.

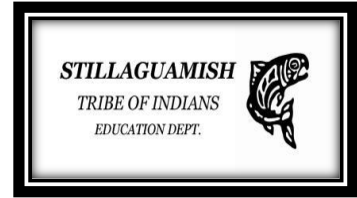
Institution/Vendor Name:	
Major/Field of Study:	
Anticipated Degree/ Certificate Earned:	Year of Study:
Mailing Address:	Physical Address:
Phone Number:	Student ID:
Expected Start Date:	Expected Completion Date:



Stillaguamish Tribe of Indians Education Department

Higher Education Scholarship Packet

Applicant Funding Acceptance Agreement Form



Agreement Disclosure

Initial each section after reading

_____ I hereby agree that I will attend the school indicated on this application and agree to follow all rules, regulations, and attendance requirements of the school. I further agree that to the best of my ability I will complete the course work I am required to complete and pass the courses I am enrolled in. I agree that the funds issued to me for educational purposes will be used solely for such purposes.

_____ I agree that I will provide grade reports regarding my progress at the end of each term/semester. I will also provide a class schedule at the beginning of each term/semester that I am enrolled. I will provide updated contact information; including address, phone, and email address to the Education Department when any of these change. I will also furnish other information as requested by the Education Department staff in a timely manner.

_____ I understand that I am required to disclose any and all financial aid, grand awards, tuition waivers, etc. upon receiving them. I understand that if I receive additional financial aid, including grants and scholarships, after the Stillaguamish Tribe has awarded me funds, I will be required to reimburse the amount equal to that of the grants or scholarships received.

_____ I understand that if I do not enroll in school or withdraw from school before the period that is being awarded funding by the tribe for any reason, or otherwise fails to complete school during the period being awarded funding, I will be required to reimburse funds and I will not be eligible for additional funding until the amount is paid in full.

_____ I will use all funds I receive under the Stillaguamish Tribe Higher Education Assistance Program solely for those expenses connected with the school indicated. I certify that the above information is true and correct to the best of my knowledge. I request that any money awarded to me be sent to the financial aid office of the institution I am attending. I understand that I am required to maintain at least 2.0 grade point average (GPA) per semester/term.

Any funding received through the Stillaguamish Tribe of Indians Education Department shall be deemed a tribal member Benefit, based upon program qualifications and available funding. This program does not create any kind of legal entitlement to funding for education. The Stillaguamish Tribe Education Department reserves the right to reject requests for funding, or to request reimbursements, in accordance with the Education Department and Tribal policies. The Stillaguamish Tribe of Indians reaffirms that it does not waive its sovereign immunity with respect to any aspect of the activities or funds provided.

I, the undersigned, have read, understand, and agree to abide by the terms and conditions of this Funding Acceptance Agreement.

Student or Parent/Guardian Signature

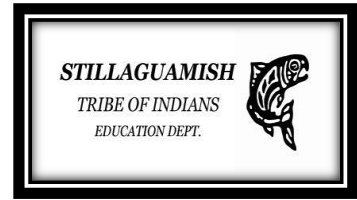
Date



Stillaguamish Tribe of Indians Education Department

Higher Education Scholarship Packet

Applicant Financial Needs Plan



Student Name: _____ **Enrollment Number:** _____

College/Program: _____ **Academic Year:** _____

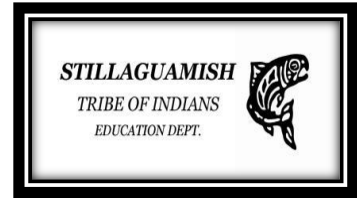
Terms to be funded (circle all that apply):	Spring	Summer	Fall	Winter
I will be attending (circle one):	Part-Time (1 to 11 credits)		Full-Time (12+ credits)	
Type of program (circle one):	Vocational Training	Community College	University	

Current Annual Income: _____

Student Budget	
Tuition & Fees: _____	Transportation: _____
Room & Board: _____	Books & Supplies: _____
Child Care: _____	Other: _____
TOTAL : _____	
Student Resources	
Student Contribution: _____	Parent Contribution: _____
Scholarships: _____	Student Loans: _____
Tuition Waiver: _____	Other: _____
TOTAL: _____	
Unmet Funding Needs (Student Budget minus Student Resources):	

_____ **Student or Parent/Guardian Signature** _____ **Date**

Stillaguamish Tribe of Indians Education Department
Higher Education Scholarship Packet



Final Checklist

I, the undersigned, have read, understood, and agreed to abide by the terms and conditions of this Funding Acceptance Agreement, and I have completed and submitted the following documents (please check each box that applies):

- Applicant Information Form
- Applicant Funding Acceptance Agreement Form
- Applicant Financial Needs Analysis (FAFSA)
- Questionnaire
- Proof of enrollment in school or program
- Proof of expenses
- Copy of class schedule
- Copy of Financial Aid award letter from your college or institution

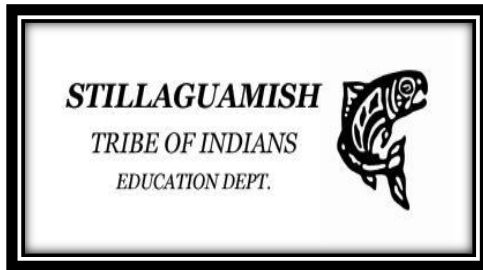
Student or Parent/Guardian Signature

Date

For Education Department Use Only

Reviewed By:	Date:
Director Approved By:	Date:





2020 – 2021 FERPA Waiver Release

I, _____ (student name), SSN _____ or DOB _____, do hereby give permission to the individual/organization listed below to have access to the following information. I am aware that this form and the permissions granted are valid only for the academic year in which it is signed and that a new form must be completed for each academic year I wish information to be released to a third party.

Information to release: (check all that apply)

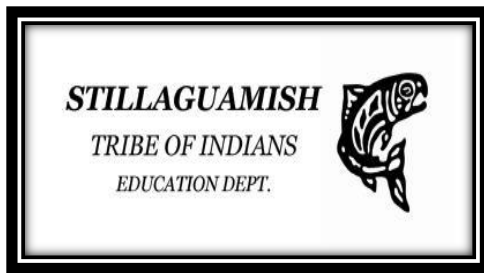
- Tuition/account**
- Academic Record**
- Attendance Records**
- Please Bill Third Party**
- Other (please specify):**

To be released to:

Third Party Information
Attention: (Name of Contact Person or Individual)
Organization: (Not necessary for parent or other individual)
Address:
Phone(s):
Email(s):

Student or Parent/Guardian Signature Printed Name Date





Higher Education Questionnaire

Student's Name: _____

Date: _____

1. Why are you interested in the type of program you've chosen?
2. What institutions did you consider applying to? Are they online, in-person, or both?
3. What is your highest level of education? What was the year and age you were last in school?
4. Do you remember what your GPA was or letter grades were?
5. What were your struggles in school, if any?
6. What classes or subjects did you enjoy the most? Did you excel in those classes? Why or why not?



7. What classes or subjects did you not enjoy in school? Why? How did you perform academically in those classes?

8. What type of learner are you? (Visual, auditory, verbal, reading/writing, kinesthetic)

9. Do you have a computer and reliable access to the internet at home? Do you consider yourself savvy with technology?

10. Will you have reliable transportation to and from school? If not, what is your backup plan?

11. What is your basic financial plan for housing and food?

12. Do you have a job? Will you have one while your going to school? If so, how do you plan on balancing it and schoolwork?

13. Have you ever completed a career assessment? If not, please complete one after finishing this questionnaire and submit results to the Education Department.

<http://yourfreecareertest.com/>



14. Do you have any learning disabilities? Have you ever been tested for or diagnosed with a learning disability?
15. Do you have any situations preventing you from going to school or studying on a regular basis?
16. Do you have any medical conditions that might prevent you from studying or attending school on a regular basis?
17. What timeframe are you giving yourself to complete the program?
- a. 3-6 months
 - b. 6 months to 1 year
 - c. 1-2 years
 - d. 2-4 years

Did you know...

1. Studying online may not always be the best option for students who are returning back to school. There are pros and cons to online schooling, so please note that for your first time back to school or first time enrolling into college that we, the education department, recommend you taking one in-the-classroom course to refamiliarize yourself with the current state standards and time commitments involved with a single class.
2. Many professors/teachers require mandatory attendance. If you are absent for any reason you could be bumped down a letter grade, or worse, fail the class. Also, if you miss class, you will miss pertinent lecture material or pop quizzes which will affect your overall GPA. (Instructors don't accept excuses for absences or late work or missing assignments unless medically required. If you don't complete your assignments or pass your tests because you didn't show up for class, you won't pass regardless of your hardships)



3. The recommended amount of type studying is 2 hours a week for every hour of class time you have? For example, if you are taking 12 hours or credits worth of classes to be considered full time, you would have to put in 24 hours of studying a week.
4. Microsoft Office is free for students who go to eligible schools. You can check if yours is a qualifying school by entering your student e-mail address at the following site:
<https://products.office.com/en-us/student?ms.officeurl=getoffice365>.

FAFSA Reminder:

1. All higher ed students **must** fill out the FAFSA annually and submit results to the Education Department.
 - a. It is a free application for financial aid.
 - b. To complete the Free Application for Federal Student Aid (FAFSA), you will need: your Social Security Number, your most recent federal income tax returns, W-2s, and other financial documents.
 - c. Complete the application online at <https://studentaid.gov/h/apply-for-aid/fafsa>.
 - d. For assistance completing your application, you can contact the Financial Aid Department at your school or contact the Education Department.
2. The Education Department highly encourages you to apply for scholarships. For a list of Native American scholarships, eligibility requirements, and deadlines, visit <https://collegefund.org/students/additional-scholarships/>.

Do you have any questions for us?

