



SNOQUALMIE INDIAN TRIBE HIGHER EDUCATION SCHOLARSHIP APPLICATION

PURPOSE: The purpose of the Higher Education Scholarship is to help adult children of enrolled Snoqualmie Tribal Members earn their Associates, Bachelors, Masters, or Doctorate Degrees. Awarding of this scholarship does not constitute enrollment in the Snoqualmie Tribe.

ELIGIBILITY: To receive this scholarship:

1. The applicant must be listed as a biological child of an enrolled member of the Snoqualmie Tribe;
2. Be enrolled in an accredited private or public college or university;
3. Maintain enrollment in all selected course work; and
4. Be earning a minimum of a 2.0 GPA per term or semester.

AVAILABLE SCHOLARSHIP AMOUNT: An eligible student may receive up to \$30,000 from the Snoqualmie Indian Tribe per academic year. The academic year, regardless of school or program, is defined as July 1 -June 30. Funding for this program is subject to availability of Tribe resources and budget approval by Snoqualmie Tribal Council.

Eligible Expenses Include:

- Registration expenses, tuition, fees, required materials/books
- Room and Board expenses, if the student is living in campus housing. *
- Student Meal Plan *
- A subsidized bus pass or \$100 per month on an ORCA card, or a campus parking pass for the duration for the program. *

*These covered expenses are considered taxable by the IRS and you may receive a 1099 misc. income statement from the Snoqualmie Tribe for the calendar year you receive the award.

APPLICATION REQUIREMENTS: In addition to completing this application you will be required to submit additional information. Please use the check list below to be sure you have included the necessary information with your application packet:

- | | |
|---|--|
| <input type="checkbox"/> Proof of enrollment in school or program | <input type="checkbox"/> Tuition Statement |
| <input type="checkbox"/> Copy of your course schedule | <input type="checkbox"/> W9 for School or Vendor (included in this packet) |

Once you have completed this application and collected all of the required documents please submit your application to the Education Department:

Email: education@snoqualmietribe.us

Fax: 206.600.6487

Mailing Address: PO Box 969 Snoqualmie, WA 98065

Phone: 425.888.6551 extension 1119



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APPLICANT INFORMATION:

Name: _____ Birthdate: _____

Parent First and Last Name: _____ Parent Enrollment Number: _____

Phone Number: _____ Email Address: _____

Permanent Address: _____

Street

City

State

Zip Code

Student residence if different than above:

Street

City

State

Zip Code

Current Level of Education: _____ Completion Date: _____

Have you received this scholarship before? If so when? _____

PROGRAM INFORMATION:

Name of College/Institution: _____

Mailing Address: _____

Street

City

State

Zip Code

Phone Number: _____ Fax: _____

ENROLLMENT INFORMATION:

Student Identification Number: _____

Intended Major: _____ Intended Minor: _____

Expected Graduation Date: _____ Credits earned toward degree program: _____

Student Level:

Degree Type:

Term Type:

Please list the number of credits

Freshman

Associate

Quarters

you expect to take per term:

Sophomore

Bachelor

Semesters

_____ Fall

Junior

Master

_____ Winter

Senior

Doctorate

_____ Spring

Graduate Student

_____ Summer



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EDUCATION GOALS

The Educational Goal pages are optional. We recommend you complete them for your planning purposes.

1. Please list your intended college major and why you choose it.

2. Have you met with an academic advisor at your college to discuss your educational goals? _____
If not, we recommend you do so.

3. What is the total cost of attendance at your college for one academic year? (Include tuition, fees, books and supplies, room and board, transportation, meal plan)

4. If this amount is more than the funding provided by the Higher Education Scholarship, how will you pay for it?

5. Have you completed the FAFSA, applied for scholarships and other outside funding? _____

If not, we recommend you do to look into the following resources:

FAFSA: www.fafsa.ed.gov

Federal Student Aid: www.studentaid.ed.gov

Federal Student Loans: www.studentloans.gov

American Indian College Fund: www.collegefund.org

Washington State Opportunity Scholarship: <http://www.waopportunityscholarship.org>

JLV College Counseling: <https://jlvcollegecounseling.com/scholarships/minority/native-american/Washington>

Indian Gaming Association Scholarship: <http://www.washingtonindiangaming.org/wiga-college-scholarship.aspx>

6. What are your short term and long term career goals? _____

7. Do you anticipate working for the Snoqualmie Indian Tribe, or Casino or other Tribal enterprises? Please explain why or why not:



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STUDENT RELEASE OF INFORMATION FERPA (FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT) FORM

The Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, 34 C.F.R. Part 99 is a federal law that protects the privacy of financial and academic student education records. Generally, schools must have written permission from the parent or eligible student (if over 18 years of age) in order to release information from a student's education record.

The applicant understands that the Snoqualmie Indian Tribe's intent of collecting and maintaining this data is for determining eligibility for Tribal educational scholarships and to provide a means of producing statistical records. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining higher education assistance under this program.

The administration of this program requires certain information from the applicant. The forms included in this packet solicit the required information. This information may be made available to authorized organizations or individuals in compliance with all applicable laws.

I, _____ hereby authorize
(Student or Parent/Guardian requesting release, print full name)

_____ to release any and all of the following
(Program/School/University)

information over the period of _____ to the Snoqualmie Indian Tribe or staff member:
(Academic Year)

- Financial aid awards, application data, disbursements, and/or eligibility
- Billing statements, charges, credits, payments, and/or past due amounts
- GPA/grades, demographic, registration, student ID number, enrollment information, and/or academic progress status
- Access to student records maintained by the Registration Office and Financial Office, including all of the above examples

I acknowledge that this release is valid until I have completed my current degree program at _____ or until I have revoked this release in writing.

(Program/School/University)

(Student or Parent/Guardian Signature)

(Date)

Please Note: FERPA pertains to the release of records only. It does not give others the right to act on your behalf or change your records.



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FUNDING ACCEPTANCE AGREEMENT

Initial each section after reading.

_____ I hereby agree to attend the school indicated on this application and agree to follow all rules, regulations, and attendance requirements of the school and to the best of my ability will satisfactorily complete the course work I have selected. I understand and agree that I am required to notify the Snoqualmie Tribe Education Department immediately of any withdrawals from the school. I further understand and agree that the funds issued to me for educational purposes will be used solely for such purposes.

_____ I understand that I will be required to provide the Education Department with additional information or documentation to receive funding. 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 I will be attending. I will provide updated contact information; including address, phone, and email address to the Education Department whenever they change. I further understand and agree to mail, email or fax required follow up papers or documentation in a timely manner to continue to receive scholarship funding.

_____ I understand that I am required to maintain my enrollment in the course work I have selected. I understand that of the coursework I have selected, I must be enrolled in a minimum of one course toward my degree program *and* earn an equivalent to a **minimum 2.0 Grade Point Average (GPA)** per term/semester. I further understand that should I not meet the minimum academic requirements it will impact my ability to receive future funding.

_____ I understand that if I dis-enroll, drop out, receive a 0.0 GPA and 0 credits, or otherwise fail to complete the term/semester or grading period, I may be required to **REIMBURSE** awarded funds and I will not be eligible for additional funding until the amount is paid in full.

I, the undersigned, have read, understand, and agree to abide by the terms and conditions of this Funding Acceptance Agreement. I certify the information contained in this application is complete and accurate to the best of my knowledge. I understand I am signing this application under penalty of criminal prosecution if I knowingly give false information which results in a payment which I am not entitled to.

Student Signature

Date