



SNOQUALMIE INDIAN TRIBE HIGHER EDUCATION BENEFIT APPLICATION

PURPOSE: The purpose of the Higher Education Benefit is to help enrolled adult Snoqualmie Tribal members and minor biological child(ren) of an enrolled Snoqualmie Tribal members earn their Associates, Bachelors, Masters, and Doctorate Degrees.

ELIGIBILITY: To receive this Benefit the applicant must be listed as an adult enrolled member of the Snoqualmie Indian Tribe or minor biological child of an enrolled Snoqualmie Tribal member ; and

- Be enrolled in an accredited private or public college or university or participating in a Running Start program through the applicant's high school;
- Maintain enrollment in selected course work; and
- Be earning a minimum GPA of a 2.0

FUNDING: An eligible student may receive funding for the full amount of their tuition, fees, and required course materials/books after the deduction of any received external scholarships or grants. The academic year 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. The Tribe is a payor of last resort for tuition expenses.

ELIGIBLE EXPENSES INCLUDE:

- Registration expenses, tuition, schools issued fees, and required materials/books.
- Campus parking pass or up to \$100 per month towards a bus pass (receipts required).
- Up to \$1,500 per academic year is available for technology equipment and software needs including but not limited to laptop/tablets, printer, scanner, keyboard, monitors, etc. (technology items can only be ordered once every 3 years)

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: _____

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 benefit 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:

- Freshman
- Sophomore
- Junior
- Senior
- Graduate Student
- Running Start Student

Degree Type:

- Associate
- Bachelor
- Master
- Doctorate

Term Type:

- Quarters
- Semesters

Please list the number of credits

you expect to take per term:

_____ Fall
_____ Winter
_____ Spring
_____ Summer



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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 benefits 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 benefit 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 satisfactory academic progress 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