



SNOQUALMIE INDIAN TRIBE HIGHER EDUCATION SCHOLARSHIP APPLICATION

The Snoqualmie Indian Tribe has established the Higher Education Scholarship to assist and support the descendants of enrolled Snoqualmie Tribal Members earn their associate, bachelor's, master's, or doctoral degree. Awarding of this scholarship does not constitute enrollment in the Snoqualmie Indian Tribe.

ELIGIBILITY

To be eligible to receive this Scholarship, the applicant must be:

- A. A biological descendant, certified in a Descendancy Verification Form, of either:
 - 1. an enrolled Snoqualmie Tribal Member who is listed as enrolled or deceased on the 2004 base roll, 2010 voter's list, or 2012 voter's list; or
 - 2. an enrolled Snoqualmie Tribal Member who is eligible for services based on the most recent Tribal service list distributed by the Tribal Secretary; and
- B. Not enrolled in another tribe; and
- C. Enrolled in classes at an accredited private or public college or university; and
- D. Maintaining enrollment in selected coursework; and
- E. Earning a minimum Grade Point Average ("GPA") of 2.0 or equivalent.

AVAILABLE SCHOLARSHIP AMOUNT

An eligible student attending higher education may receive up to \$30,000 per Tribal Academic Year for eligible higher education expenses. The Tribal Academic Year, regardless of the student's school or program, begins on July 1 and concludes on June 30. This scholarship is a discretionary scholarship authorized by the Snoqualmie Tribal Council and is subject to Tribal Council appropriations. Tribal Council reserves the right to alter or eliminate the scholarship at any time and for any reason.

ELIGIBLE EXPENSES

Items that may be covered by the scholarship include: Registration expenses; Tuition and fees; Books and required materials; On-campus housing; Meal plans; and Travel and transportation costs, technology equipment and software, including but not limited to bus passes or campus parking passes.

- A. Payment for some expenses, including on-campus housing, meal plans, and travel and transportation costs, may be considered taxable by the IRS. The Tribe may send a 1099-Misc Form for you to file with your taxes.
- B. The Scholarship may be listed in an IRS 1098-T Form issued by the Student's educational institution, which reflects all sources of funding received and paid on the student's behalf. The Tribe is not responsible for any fees, taxes, or charges that may result from the issuance of a 1098-T.

ADDITIONAL DOCUMENTATION

Please use the check list below to be sure you have included the necessary information with this application packet:

- | | |
|--|---|
| <input type="checkbox"/> Your birth certificate | <input type="checkbox"/> Proof of school/program enrollment |
| <input type="checkbox"/> Descendancy Verification Form | <input type="checkbox"/> Copy of course schedule |
| <input type="checkbox"/> W-9 for you and school/vendor | <input type="checkbox"/> Tuition statement |

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

Email: education@snoqualmieltribe.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 address if different than above: _____
Street City State Zip Code

Current Level of Education: _____

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

TRIBAL MEMBER INFORMATION

Name of Tribal Member you are biologically descended from: _____

Enrollment # _____ Birthdate: _____ Status: ENROLLED DECEASED

Applicant relationship to Tribal Member: _____

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 you expect to take per term
<input type="checkbox"/> Freshman	<input type="checkbox"/> Associate	<input type="checkbox"/> Quarters	_____ Fall
<input type="checkbox"/> Sophomore	<input type="checkbox"/> Bachelor	<input type="checkbox"/> Semesters	_____ Winter
<input type="checkbox"/> Junior	<input type="checkbox"/> Master		_____ Spring
<input type="checkbox"/> Senior	<input type="checkbox"/> Doctorate		_____ Summer
<input type="checkbox"/> Graduate Student			



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EDUCATION GOALS (MUST BE FILLED OUT FOR FIRST-TIME APPLICANTS)

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

1. Please list your intended college major and why you chose 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. Have you completed the FAFSA and 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.waopportunitiescholarship.org>
JLV College Counseling: <https://jlvcollegecounseling.com/scholarships/minority/native-american/Washington-Indian-Gaming-Association-Scholarship>
<http://www.washingtonindiangaming.org/wiga-college-scholarship.aspx>

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

5. Do you anticipate working for the Snoqualmie Indian Tribe, or Casino or other Tribal enterprises? _____



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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.

By signing, the applicant understands that the Snoqualmie Indian Tribe's intent of collecting and maintaining this data is to determine 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 scholarships 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 information
(Program/School/University)

over the period of _____ to the Snoqualmie Indian Tribe Education Department:
(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

By signing below, I consent to the release of the student information listed above and acknowledge that this release is valid for the Academic Year listed above at the program listed above or until I have revoked this release in writing.

(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

Applicant, please initial to indicate that you understand and agree to the following:

_____ 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. By signing, 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 that results in a payment to which I am not entitled. I agree that the Education Department may contact other Tribal programs for pertinent information as it applies to this application. I agree to repay any funds that the Tribe deems to have been misused, and that the Tribe may pursue any available remedies at law and/or equity to recover misused funds.

Applicant Signature

Date