The Klamath Tribes
Education & Employment Department
PO Box 436
Chiloquin, OR 97624
Phone: (541) 783-2219 FAX: (541) 783-7802

Attached you will find the Klamath Tribes Higher Education Scholarship Application. The following check list will assist you with monitoring your application to completion. If you have any questions do not hesitate to call our offices. Your application will be reviewed when all required information is received complete with all necessary signatures.

Documents	First Time Applicant	Continuing Student/Renewal	Former Applicant Requirements
Higher Education Application	X	X	X
Statement of Education Goal & Plans	X	X	X
Verification-Klamath Tribes Enrollment	X		X
Letter of Admission to College	X	If Transferring	X
Complete High School Transcript Or Official GED Scores	X		
ALL Official College Transcripts	If Applicable	X	X
Financial Aid Award/Rejection	X	X	X
Klamath Tribes Needs Analysis Summary	X	X	X
Class Schedule	X	X	X
College Placement Test	X		
Graduation Petition-Senior Year	If Applicable	X	X

Application Due Dates:	**Fall Quarter/Semester – July 20** **Winter Quarter/Spring Semester – November 20** **Spring Quarter - February 20**

Remember a COMPLETE application consists of the application itself and all required documentation.

MAIL **COMPLETE** APPLICATION TO:

The Klamath Tribes
Education & Employment Department
PO Box 436
Chiloquin, OR 97624

If you have any questions do not hesitate to call Coquise Wilson, extension 133 at the number listed above or email coquise.wilson@klamathtribes.com.

The Klamath Tribes - Education & Employment Department
PO Box 436
Chiloquin, OR 97624
Phone: (541) 783-2219/ (800) 524-9787 FAX: (541) 783-7802

HIGHER EDUCATION SCHOLARSHIP APPLICATION

1. Individual Information

Name: _____ Social Security Number: _____

Address: _____ Date of Birth: _____

_____ Tribal Identification Number: _____

Email Address: _____ Telephone Number: _____

High School Attended & Location: _____

Graduation Date: _____ GED Date: _____

2. Scholastic Information

Academic Year Request: Fall 20___ Winter 20___ Spring 20___ Summer Not Applicable

Attending: Full-time [ ] Part-time [ ] Quarter [ ] Semester [ ] Start Date: _____

Number of Credit Hours per Term: _____

Name & Address of College/University: _____

_____

_____

Major/Area of Study: _____ Degree: ___AA/S___BA/S Other: _____

Number of College Credit Hours Earned: _____ Expected Grad Date: _____

List ALL Colleges Attended: _____

Have you ever received a Higher Education Scholarship? _____ If Yes, when? _____

3. Acknowledgement & Release

I hereby certify that the information on this form is true and correct to my knowledge and consent to the release of this information to appropriate agencies, on a need to know basis. I request that my Tribal Higher Education Scholarship Award be mailed to the Financial Aid Office of the institution I am attending.

I understand that if I officially or unofficially drop from a class without prior notification to the Education & Employment Department I will be suspended from the scholarship program. I further understand that I must maintain a 2.0 grade point average. It is my responsibility to forward my grades at the end of each quarter or semester to the Klamath Tribes Education & Employment Department.

I authorize the college/university to release my grades to the Klamath Tribes Education & Employment Department.

Student Signature: _____ **Date:** _____

The Klamath Tribes - Education & Employment Department
PO Box 436
Chiloquin, OR 97624
Phone: (541) 783-2219/ (800) 524-9787 FAX: (541) 783-7802

TRIBAL ENROLLMENT VERIFICATION FORM

Please verify the enrollment of the following student applying for one of the listed services indicated below.

_____Adult Basic Education _____Adult Vocational Training _____Higher Education

_____Johnson O'Malley _____Direct Employment Assistance

Submit copy of Klamath Tribes Identification Card, if available, with this form.

Name of Applicant _____

Tribal Affiliation _____

Date of Birth_____ Roll Number If Known_____

_____ _____
Applicant/Parent/Guardian Signature Date

<<<<Tribal Office Use Only Below This Line>>>>

The applicant indicated on this form ___ **is** / ___ **is not** an enrolled Klamath Tribes member. Their Klamath Tribes enrollment number is _____.

_____ _____
Enrollment Officer Signature Date

The Klamath Tribes - Education & Employment Department
P.O. Box 436
Chiloquin, OR 97624
Telephone (541) 783-2219 Fax (541) 783-7802

FINANCIAL NEEDS ANALYSIS SUMMARY

_____ _____
Student Name Social Security Number

I hereby authorize _____ to release any information pertaining
Name of College/University
to my grades, financial aid, and admission application to the Klamath Tribes Education and Employment Department. I will be attending ____ **Part-time** / _____ **Full-time** for the Academic Year of **20 - 20**.

_____ _____
Student Signature Date

*********** TO BE COMPLETED BY FINANCIAL AID OFFICE ************

I have reviewed the application for the above named student and have determined the following summary of cost and resources.

Educational Budget	(Amount)	**Financial Aid**	(Amount)
Tuition/Fees	_____	Pell Grant	_____
Books/Supplies	_____	OSNG	_____
Room/Board	_____	Other Grant	_____
Transportation	_____	Other Grant	_____
Child Care	_____	Work Study	_____
Personal Exp	_____	Loan	_____
Miscellaneous	_____	Loan	_____
Budget Total	$_____	**Financial Aid Total**	$_____

Resources

Parent Contribution	_____	**Total Financial Aid/ Resources**	$_____
Student Contribution	_____		
Spouse Contribution	_____		
Other	_____		
Resources Total	$_____		

Tribal Office Use Only

Total Unmet Need $_____
Unmet Need Per Term: $_____

Check here if there are no private or federal financial resources available for this student. [ ]

Financial Aid Officer Signature: _____ **Date**_____

Financial Aid Officer Email: _____ **Phone Number:** _____