



**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 Masters Study Program 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.

Graduate Program Documents	Required Forms	Returning
Master Program Scholarship Application	X	X
Statement of Education Goal & Plans	X	If changes
Verification-Klamath Tribes Enrollment	X	X
Letter of Admission to Program	X	Not Needed
Official College Transcript where Bachelor Degree Earned	X	Not Needed
Official College Transcript of Graduate Program	If in Program now	X
Award/Rejection from Other Scholarship Resources	X	X
Klamath Tribes Needs Analysis Summary	X	X
Class Schedule	X	X
Degree Audit or Petition to Graduate	If Applicable	If Applicable

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

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

Send COMPLETE APPLICATION TO: **The Klamath Tribes  
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## Masters Study Program Scholarship Application

### 1. Individual Information

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Tribal Identification Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Last University Attended & Location: \_\_\_\_\_  
Graduation Date: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

### 2. Scholastic Information

Academic Year Request: Fall 20\_\_ Winter 20\_\_ Spring 20\_\_ Summer 20\_\_  
Attending: Full-time [ ] Part-time [ ] Quarter [ ] Semester [ ] Start Date: \_\_\_\_\_  
Name/Address/City of College/University: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Master Degreeed Program /Area of Study: \_\_\_\_\_  
Projected Graduation Date: \_\_\_\_\_  
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. I consent to the release of this information to appropriate agencies to complete my funding package. I acknowledge that I will be required to do a service for the Klamath Tribes for the money I will receive in aid. I also understand that my information may be shared with another Tribal Department on a need to know basis.

I understand that if I officially or unofficially drop from a class without prior notification to the Education & Employment Department funding could be delayed or suspended. I further understand that I must maintain a minimum Grade Point Average of the Graduate Program of which I have been accepted. It is my responsibility to forward my grades and next term's class schedule at the end of each quarter or semester to the Klamath Tribes Education & Employment Department.

I authorize the college/university to release my scholastic and/or financial information to the Klamath Tribes Education & Employment Department.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## 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 Hunting & Fishing Card, if available, with this form.**

<u>Name of Student</u>	<u>Tribal Affiliation</u>	<u>Date of Birth</u>	<u>Roll Number If Known</u>
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\_\_\_\_\_  
Student/Parent/Guardian Signature

\_\_\_\_\_  
Date

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<<<<<Office Use Only Below this Line >>>>>

The student indicated on this form \_\_\_ is / \_\_\_ is not an enrolled Klamath Tribes member.

\_\_\_\_\_  
Enrollment Officer Signature

\_\_\_\_\_  
Date



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### 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.

Cost of Attendance	(Amount)	Scholarship/Loan Assistance	(Amount)
Tuition/Fees .....	_____	Scholarship .....	_____
Books/Supplies .....	_____	Scholarship .....	_____
Room/Board .....	_____	Fellowship .....	_____
Transportation .....	_____	Other Grant .....	_____
Child Care .....	_____	Other Grant .....	_____
Personal Exp .....	_____	Loan .....	_____
Miscellaneous .....	_____	Loan .....	_____
<b>Budget Total</b>	<b>\$ _____</b>	<b>Financial Resources</b>	<b>\$ _____</b>

**Resources**

Student Contribution	_____
Spouse Contribution	_____
Other	_____
<b>Resources Total</b>	<b>\$ _____</b>

**Total Financial Aid/Resources**

Tribal Office Use Only	
Total Unmet Need	\$ _____
Unmet Need Per Term:	\$ _____

Financial Aid Officer Signature: \_\_\_\_\_ Date \_\_\_\_\_

There are no private or public funds available to this student. [ ] FAO place initials here. Thank you.