



The Klamath Tribes Higher Education Program Application

Higher Education Application

The Higher Educational Program is a secondary source of funding to the federal financial aid, family contributions, grants, veteran benefits and other scholarships for enrolled members of The Klamath Tribes. Awards vary and depend on an individual's financial need and availability of funding.

Attached you will find the Klamath Tribes Higher Education 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.**

Documents	First Service	Continuing Student/Renewal	Former Applicant Requirements
Higher Education Application	X	X	X
Statement of Education Goal & Plans	X	X	X
Tribal Enrollment Verification Form	X	X	X
Letter of Admission to College	X	If Transferring	X
Complete High School Transcript Or Official GED Scores	X	N/A	N/A
All Official College Transcripts	If Applicable	X	X
Financial Aid Award/Rejection	X	X	X
Financial Needs Analysis	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

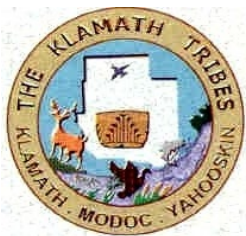
Spring Quarter - February 20

Completed applications may be returned to the following:

Personal Delivery: The Klamath Tribes, Education & Employment Department
501 Chiloquin Blvd., Chiloquin, OR 97624

Mail: The Klamath Tribes – Education & Employment Department
Higher Education Program
PO Box 436, Chiloquin, OR 97624

If you have any questions please contact 541-783-2219 ext. 133 or 115



The Klamath Tribes-Higher Education Application

Complete all areas of this application. Do not leave any area unmarked. Failure to provide accurate and complete information requested in this application will delay services. If you have any questions please ask Education and Employment for assistance.

Personal Information

Name: _____ Phone Number: _____
Address: _____ Email: _____

Date of Birth: _____
Tribal Affiliation: _____ Roll Number: _____
High School Attended _____ Location: _____
Graduation/GED Date: _____

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: _____ Student ID #: _____
Name & Address of College/University: _____

Major/Area of Study: _____ Degree: _____ AA/S _____ BA/S Other: _____
Number of College Credit Hours Earned: _____ Expected Graduation Date: _____
List all Colleges Attended: _____
Have you ever received a Higher Education Scholarship? _____ If yes, when? _____

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 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 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 a copy of The 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
PO Box 436
Chiloquin, OR 97624
Phone: (541) 783-2219 FAX: (541) 783-7802

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 _____
Student Contribution _____
Spouse Contribution _____
Other _____
Resources Total \$_____

Total Financial Aid/ Resources \$_____

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: _____

The Klamath Tribes
Education & Employment Department

Statement of Goals & Plans

(Missing letter from application will slow down processing)

Student Signature

Date