

## 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

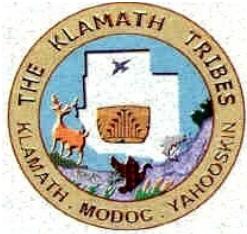
Spring Quarter - February 20

**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: \_\_\_\_\_  
Tribal Affiliation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
High School Attended \_\_\_\_\_ Roll Number: \_\_\_\_\_  
Graduation/GED Date: \_\_\_\_\_ Location: \_\_\_\_\_

### 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



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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.

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

**Resources**

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

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)

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Student Signature

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Date