

**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
Cost of Attendance Information	X	X
Class Schedule	X	X
Degree Audit or Petition to Graduate	If Applicable	If Applicable

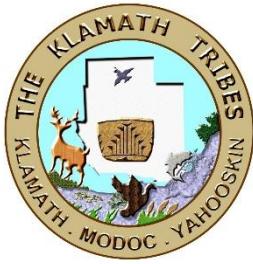
Application Due Dates: **Fall Quarter/Semester – July 20**
 Winter Quarter/Spring Semester – November 20
 Spring Quarter - February 20
 Summer Term – May 20.

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

Send COMPLETE APPLICATION TO:

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If you have any questions do not hesitate to call the Education & Employment Department.



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Masters Study Program Scholarship Application

1. Individual Information

Name: _____

Social Security Number: _____

Address: _____

Date of Birth: _____

Email Address: _____

Tribal Identification Number: _____

Last University Attended & Location: _____

Telephone Number: _____

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 Degreed 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.

<input type="checkbox"/> Adult Basic Education	<input type="checkbox"/> Adult Vocational Training	<input type="checkbox"/> Higher Education
<input type="checkbox"/> Johnson O'Malley	<input type="checkbox"/> 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

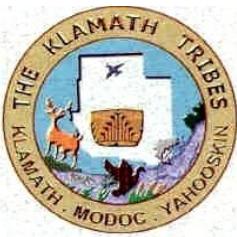
Date

<<<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



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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 & 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)

Tuition/Fees

Books/Supplies

Room/Board

Transportation

Child Care

Personal Exp

Miscellaneous

Budget Total

\$ _____

Financial Aid

(Amount)

Pell Grant

OSNG

Other Grant

Other Grant

Work Study

Loan

Loan

Financial Aid Total

\$ _____

Resources

Parent Contribution

Total Financial Aid/ Resources \$ _____

Student Contribution

Tribal Office Use Only

Spouse Contribution

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

Other

Resources Total

\$ _____

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