

**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.

<b>Graduate Program Documents</b>	<b>Required Forms</b>	<b>Returning</b>
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

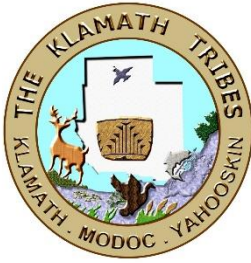
**Application Due Dates:**      **Fall Quarter/Semester – July 20**  
   **Winter Quarter/Spring Semester – November 20**  
   **Spring Quarter - February 20**  
   **Summer Term – May 20.**

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

Send COMPLETE APPLICATION TO:

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## 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 Degree 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 Identification Card, if available, with this form.**

Name of Applicant \_\_\_\_\_

Tribal Affiliation \_\_\_\_\_

Date of Birth \_\_\_\_\_ Roll Number If Known \_\_\_\_\_

\_\_\_\_\_  
Applicant/Parent/Guardian Signature

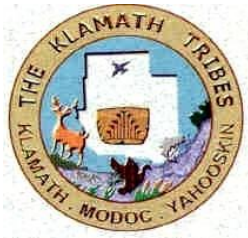
\_\_\_\_\_  
Date

<<<<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.

<b>Educational Budget</b>	<b>(Amount)</b>	<b>Financial Aid</b>	<b>(Amount)</b>
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>\$ _____</b>	<b>Financial Aid Total</b>	<b>\$ _____</b>

**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: \_\_\_\_\_

**Statement of Goals & Plans**

(Missing letter from application will slow down processing)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date