



PORT GAMBLE S'KLALLAM TRIBE

31912 Little Boston Road • Kingston, WA 98346

**TRIBAL EDUCATION SCHOLARSHIP
Graduate Continuing Applicant**

Name of Applicant: _____ Date: _____

If you are applying for Tribal Scholarship for Academic school year _____, you are required to complete a Tribal Scholarship application. **Incomplete applications will not be reviewed.** Students must apply for funds each Quarter/Semester.

Note: Private and Vocational Institutions will be considered for funding on an individual basis, depending on available funds.

- Unofficial College Transcript or grades **(of previous term)**
- Financial Needs Analysis **(Bottom Half Completed by Financial Aid Office)**

Port Gamble S'Klallam Higher Education/Vocational Training Policy and Procedures are available on request.

***There is no longer a set deadline. Applications should be turned in at least 2-4 weeks prior to the start of your term. We need time for processing. The financial need analysis must be filled out by student and a financial aid officer in order to be considered complete.**

Reviewed by Higher Education Committee on: _____ Approved _____ Not approved _____

(360) 297-6322
Kingston

(360) 297-6206
Fax

FINANCIAL NEEDS ANALYSIS

Port Gamble S'Klallam Tribe

31912 Little Boston Rd NE Kingston, WA 98346
(360) 297-6322 or Email: Sasheen@pgst.nsn.us

Student is responsible for submitting this form to the Financial Aid Office

SECTION I (STUDENT COMPLETES)

Students Name: _____ Student Id: _____

Institutions Name: _____ Family Size: _____

Terms & Credits applying for:

- 20 ___ Fall Quarter/Fall Semester
- 20 ___ Winter Quarter/Spring Semester
- 20 ___ Spring Quarter
- 20 ___ Summer Quarter

*** Applicant must have submitted a current years FAFSA application. (Check with F.A.O. to see if any verification paperwork is needed)**
*** Applicant must be registered when this form is filled out.**

_____ Full-Time 12+ Credits _____ Part-Time 1-11 Credits

I hereby authorize the above-named college(s) financial aid office to release the Academic Information and Financial Aid information below to the Port Gamble S'Klallam Tribal Education Department.

_____ PRINT NAME _____ SIGNATURE _____ DATE

****Section II MUST be completed by the Financial Aid Office and returned to the address above****

SECTION II (FINANCIAL AID OFFICER COMPLETES)

SCHOOL EXPENSE

FOR QUARTER:

Tuition & Fees _____
Books & Supplies _____

FOR SEMESTER:

Tuition & Fees _____
Books & Supplies _____

TOTAL EXPENSES _____

TOTAL EXPENSES _____

PLEASE INDICATE QUARTER

<u>GRANTS AND/OR SCHOLARSHIPS</u>	<u>FALL QUARTER/ FALL SEMESTER</u>	<u>WINTER QUARTER/ SPRING SEMESTER</u>	<u>SPRING QUARTER</u>	<u>SUMMER QUARTER</u>
Pell Grant				
TOTAL				

_____ SIGNATURE OF FINANCIAL AID OFFICER _____ DATE

_____ () _____ - _____ () _____ - _____