



**PORT GAMBLE S'KLALLAM TRIBE**

31912 Little Boston Road • Kingston, WA 98346

**TRIBAL EDUCATION SCHOLARSHIP  
Vocational & Certificate Programs**

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.**

- Copy of Tribal Enrollment
- 200-word essay on your educational/career goals
- Financial Needs Analysis **\*If Applicable (Bottom Half Completed by Financial Aid Office)**
- Notarized Promissory Note
- Cost of attendance & program information
- Copy of Certification upon Completion

All of the above must be completed and submitted to the Education Department no later than 4:30 pm on the date of deadline.

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

**\* Financial needs analysis will need to be filled out by Institutions that have a financial aid office available. A free application for federal student aid must be filed on [www.fafsa.ed.gov](http://www.fafsa.ed.gov) in order for your financial aid office to be able to provide us with the information that we need in order to determine your financial need.**

**\*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 Phone      Sasheen@pgst.nsn.us Email

The maximum award for tribal scholarships is based upon the average in state amount and funds available per term per student.

Today's date: \_\_\_\_\_ Course dates: \_\_\_\_\_

**If employed by the Port Gamble S'Klallam Tribe- Tribal Department:** \_\_\_\_\_

Are these courses job related? (Core classes included) YES / NO  
Are there any funds in department budget? YES/ NO

### STUDENT INFORMATION

Legal Name: \_\_\_\_\_  
First Middle Last (Maiden)

Enrollment Number: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Former Name(s): If your first or last name has changed, indicate your former full name(s):

\_\_\_\_\_

(\_\_\_\_) \_\_\_\_ - \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Cell/Home Telephone Number Message Phone Number Email Address

\_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Mailing Address Social Security Number

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
City State Zip Date of Birth

### COLLEGE/VOCATIONAL SCHOOL ATTENDING

Name of Institution: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Institution Phone and Fax Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
PHONE FAX

Contact Person: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Total Certificate Credits Received Upon completion: \_\_\_\_\_

### CERTIFICATION

I, \_\_\_\_\_ hereby certify that all the information provided on the application is correct to the best of my knowledge. I agree to provide a copy of my certificate to the Port Gamble S'Klallam Tribe's Education Department upon completion of program.

\_\_\_\_\_  
Applicant's Signature Date

### FINANCIAL NEEDS ANALYSIS





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## EDUCATION FUNDING REQUEST PROMISSORY AGREEMENT

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that I am required to reimburse the Port Gamble S'Klallam Tribe if:

- I receive financial support for college from other funding source(s) in excess of tuition, course books and materials.
- I drop out of one or more of the courses that I have received funding for.
- I drop out of the college that I have received funding for.

I, \_\_\_\_\_ agree to repay all funds provided to me by the tribe to  
(Name)  
 attend college if I do not fulfill the requirements of this agreement. I understand that by not reimbursing the tribe I may not be eligible for future assistance from the Tribe. I understand that the funding for college will be considered a balance due.

Applicant signature: \_\_\_\_\_ Date \_\_\_\_\_

**\*Note: Funding does not include costs for food, clothes, shelter or transportation.**

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This document must be notarized.

**NOTARY:**

Date \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

I certify that \_\_\_\_\_  
Name

Appeared before me to sign this document.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Title