



PORT GAMBLE S'KLALLAM TRIBE

31912 Little Boston Road • Kingston, WA 98346

**TRIBAL EDUCATION SCHOLARSHIP
Undergraduate New 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.**

- Copy of Tribal Enrollment
- 200-word essay on your educational goals
- Financial Needs Analysis (**Bottom Half Completed by Financial Aid Office, submit to financial aid office at least 2-4 weeks prior to turning in application**)
- Notarized Promissory Note
- Must have submitted a FAFSA for the current year (Some schools require completed verification paperwork, check with your financial aid office)
- Proof of applying to at least one other scholarship**
- Signed FERPA waiver or release of financial information with your school**
- Prior funded students are required to submit last quarter official transcripts.**

All the above must be completed and submitted to the Education Department

***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 to be considered complete and can take 4-6 weeks in some cases.**

.

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

(360) 297-6322 Phone Sasheen@pgst.nsn.us Email

**Port Gamble S'Klallam Tribe
Tribal Education Scholarship**

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

Today's date: _____ Year Attending: _____

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

How long is your mailing address valid? ____ Indefinitely or until: ____ / ____ / ____

_____ MOTHER'S NAME	_____ FATHER'S NAME
_____ MOTHER'S TRIBE	_____ FATHER'S TRIBE

State of legal residency? _____

Marital Status: Single ____ Married ____ Divorced ____ Separated ____

COLLEGE/VOCATIONAL SCHOOL ATTENDING

Name of College: _____ City: _____ State: _____

College Phone and Fax Number: (_____) _____ - _____ (_____) _____ - _____
PHONE FAX

Degree: _____ Student ID #: _____ Current Credits Total: _____

Which term does your institution follow? Semester _____ Quarter _____

Attending: (please indicate year in space provided)

Fall Quarter/Fall Semester: _____ Winter Quarter/ Spring Semester: _____

Spring Quarter: _____ Summer Quarter: _____

Financial Aid Form Completed on ____ / ____ / ____

Full-time (12+ credits) ____ Part-time (1-11 credits) ____

WORKING: Full-time ____ Part-time ____ Unemployed ____

Residing in: Dormitory ____ Apartment ____ Parents ____ Own Home ____

CERTIFICATION

I, _____ hereby certify that all the information provided on the application is correct to the best of my knowledge.

APPLICANTS SIGNATURE

DATE

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 (F.A.O.)

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 enrolled and registered for classes 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 _____

TOTAL EXPENSES _____

FOR SEMESTER:

Tuition & Fees _____

Books & Supplies _____

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

 PRINT NAME

(____)____-____
 TELEPHONE NUMBER

(____)____-____
 FAX NUMBER



PORT GAMBLE S'KLALLAM TRIBE
 31912 Little Boston Road • Kingston, WA 98346

**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 _____

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