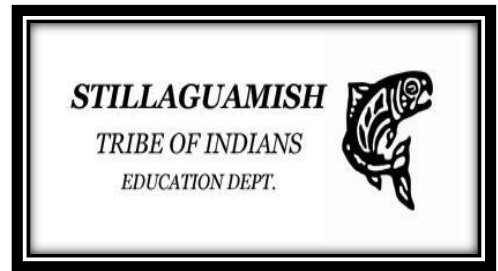


Stillaguamish Tribe of Indians Education Department

Higher Education Scholarship Packet

Funding Acceptance Agreement



Name of Applicant: _____ **Date:** _____

Purpose: The Higher Education Assistance Program was developed to help tribal members with the costs associated with enrolling in a higher education training program or school that will help them further their careers.

Eligibility: To receive this benefit, the recipient must be listed as an enrolled Stillaguamish Tribal Member and must be enrolled in a higher education training program or accredited college. Applicants must plan accordingly to ensure prior approval is granted before the course or program begins. The application documents may take up to three weeks for processing.

Available Award Amount: An eligible applicant may receive education benefits each academic year to cover tuition, books and supplies required per class. The academic year, regardless of school or program, is defined as July 1 – June 30. Funding for this program is subject to availability of Tribal resources and budget approval by the Board of Directors.

Payment: If the applicant is awarded funding, the payments will be reimbursed or made directly to the school, vendor, or program.

Application Process: Please complete the following documents (included in the packet):

- Applicant Information Form
- Applicant Funding Acceptance Agreement Form
- Applicant Financial Needs Analysis

In addition, please provide the following information:

- Proof of enrollment in school or program
- Proof of expenses
- Copy of class schedule
- Copy of Financial Aid award letter from your college or institution

Once you have completed this application and have collected all of the required documents listed above, please submit your application to the Education Department.

Email: education@stillaguamish.com

Phone: (360) 631-5592

Fax: (360) 360-925-2861

Mailing Address:

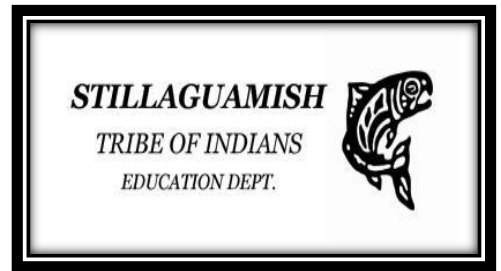
Stillaguamish Tribe of Indians
ATTN: Education Department
3322 236th St NE
Arlington, WA 98223



Stillaguamish Tribe of Indians Education Department

Higher Education Scholarship Packet

Funding Acceptance Agreement



Applicant Information:

First Name:	Last Name:
Address:	City:
State:	Zip Code:
Phone Number:	Email Address:
Enrollment Number:	Birthdate:
Level of Education Completed:	Date:

Program Information:

Note: *This is where the check will be sent if award is given*

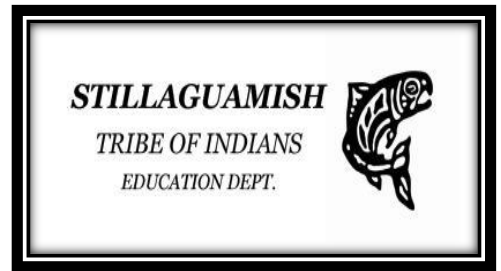
Institution/Vendor Name:	
Major/Field of Study:	
Anticipated Degree/ Certificate Earned:	Year of Study:
Mailing Address:	Physical Address:
Phone Number:	Fax Number:
Expected Start Date:	Expected Completion Date:



Stillaguamish Tribe of Indians Education Department

Higher Education Scholarship Packet

Funding Acceptance Agreement



Agreement Disclosure

Initial each section after reading

_____ I hereby agree that I will attend the school indicated on this application and agree to follow all rules, regulations, and attendance requirements of the school. I further agree that to the best of my ability I will complete the course work I am required to complete and pass the courses I am enrolled in. I agree that the funds issued to me for educational purposes will be used solely for such purposes.

_____ I agree that I will provide grade reports regarding my progress at the end of each term/semester. I will also provide a class schedule at the beginning of each term/semester that I am enrolled. I will provide updated contact information; including address, phone, and email address to the Education Department when any of these change. I will also furnish other information as requested by the Education Department staff in a timely manner.

_____ I understand that I am required to disclose any and all financial aid, grand awards, tuition waivers, etc. upon receiving them. I understand that if I receive additional financial aid, including grants and scholarships, after the Stillaguamish Tribe has awarded me funds, I will be required to reimburse the amount equal to that of the grants or scholarships received.

_____ I understand that if I do not enroll in school or withdraw from school before the period that is being awarded funding by the tribe for any reason, or otherwise fails to complete school during the period being awarded funding, I will be required to reimburse funds and I will not be eligible for additional funding until the amount is paid in full.

_____ I will use all funds I receive under the Stillaguamish Tribe Higher Education Assistance Program solely for those expenses connected with the school indicated. I certify that the above information is true and correct to the best of my knowledge. I request that any money awarded to me be sent to the financial aid office of the institution I am attending. I understand that I am required to maintain at least 2.0 grade point average (GPA) per semester/term.

Any funding received through the Stillaguamish Tribe of Indians Education Department shall be deemed a tribal member Benefit, based upon program qualifications and available funding. This program does not create any kind of legal entitlement to funding for education. The Stillaguamish Tribe Education Department reserves the right to reject requests for funding, or to request reimbursements, in accordance with the Education Department and Tribal policies. The Stillaguamish Tribe of Indians reaffirms that it does not waive its sovereign immunity with respect to any aspect of the activities or funds provided.

I, the undersigned, have read, understand, and agree to abide by the terms and conditions of this Funding Acceptance Agreement.

Parent/Guardian Signature

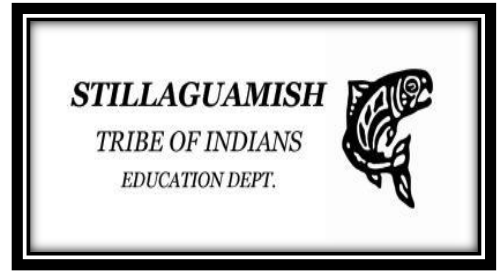
Date



Stillaguamish Tribe of Indians Education Department

Higher Education Scholarship Packet

Funding Acceptance Agreement



Student Name: _____ **Enrollment Number:** _____

College/Program: _____ **Academic Year:** _____

Terms to be funded (circle all that apply):	Spring	Summer	Fall	Winter
I will be attending (circle one):	Part-Time (1 to 11 credits)		Full-Time (12+ credits)	
Type of program (circle one):	Vocational Training	Community College	University	

Current Annual Income: _____

Student Budget	
Tuition & Fees: _____	Transportation: _____
Room & Board: _____	Books & Supplies: _____
Child Care: _____	Other: _____
TOTAL : _____	
Student Resources	
Student Contribution: _____	Parent Contribution: _____
Scholarships: _____	Student Loans: _____
Tuition Waiver: _____	Other: _____
TOTAL: _____	

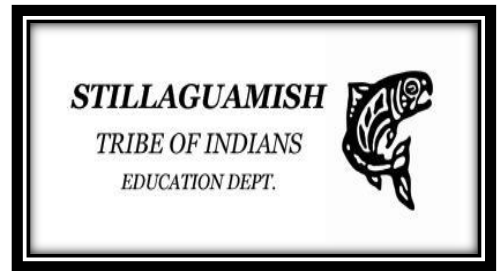
Unmet Funding Needs (Student Budget minus Student Resources): _____

Student Signature **Date**

Stillaguamish Tribe of Indians Education Department

Higher Education Scholarship Packet

Funding Acceptance Agreement



I, the undersigned, have read, understood, and agreed to abide by the terms and conditions of this Funding Acceptance Agreement, and I have completed and submitted the following documents (please check each box that applies):

- Applicant Information Form
- Applicant Funding Acceptance Agreement Form
- Applicant Financial Needs Analysis (FAFSA)
- Proof of enrollment in school or program
- Proof of expenses
- Copy of class schedule
- Copy of Financial Aid award letter from your college or institution

Student Signature

Date

For Official Use Only

Reviewed By:	Date:
Director Approved By:	Date:

