



Confederated Tribes of the Umatilla Indian Reservation  
 Higher Education & Adult Vocational Training (AVT)  
 Scholarship Application

**2024-25 Academic Year - Deadlines:**

Priority Deadline for school year is May 5th

One application is needed for the academic year

	Priority Deadline	Final Deadline
Fall Term/Semester	1st Friday in June	August 30
Winter Term/Spring Semester	1st Friday in October	December 6
Spring Term	1st Friday in December	February 28
*Summer Term	1 <sup>st</sup> Friday in May	

**\*Summer Term funding is based on degree coursework/completion (graduating) during the summer term/semester.**

CTUIR members apply to Oregon Tribal-State Grant if they are planning to attend college/university in Oregon.

<https://oregonstudentaid.gov/grants/oregon-tribal-student-grant/>

**Higher Education contact info:**

Phone: (541) 429-7819

Email: [highereducation@ctuir.org](mailto:highereducation@ctuir.org)

Mailing address: 46411 Ti'mine Way, Pendleton, OR 97801

Department of Education Phone: (541) 429-7819 or 1-888-809-8027

**STUDENT CHECKLIST (no need to turn in the list to staff)**

<b><u>Item #</u></b>	<b><u>Item Description / Form Name:</u></b>	<b><u>Date Completed</u></b>
1.	<b>Student Information Sheet.</b> Complete all questions fully and clearly (page 2). <i>(Application is incomplete such as CTUIR ENROLLMENT, ETC. The education staff is not responsible for looking up the information for you. Contact enrollment at 541-429-7035 or <a href="mailto:enrollment@ctuir.org">enrollment@ctuir.org</a>)</i>	_____
2.	<b>Scholarship Agreement &amp; Consent of Release.</b> Read carefully! Sign (page 3). Optional Additional Release of Information for family/other parties.	_____
3.	<b>FAFSA Submission Summary.</b> All applicants must complete a Free Application for Federal Student Aid (FAFSA). Website is <a href="http://www.fafsa.ed.gov">www.fafsa.ed.gov</a> Email or attach '.pdf' file from FAFSA website.	_____
4.	<b>Financial Award Offer Letter from Institution or Student Needs Assessment (SNA).</b> <i>Follow up with your Financial Aid Office at the institution you are attending to check if you are missing any additional paperwork (check personal emails or student emails). If the financial aid office has sent you a financial award letter this is an acceptable award for your application. Otherwise submit the form on page 5 to your financial aid office for completion (after FAFSA info is available) and request it be faxed or mailed to the CTUIR.</i> This provides us with your financial aid and unmet need.	_____
5.	<b>Official Transcripts</b> from the previous semester/term showing student name, grades, institution, and credits completed and attempted.	_____
6.	Applicants in the final year of the degree program submit a degree audit	_____
<b>* NEW APPLICANTS ONLY*</b>		
7.	<b>Acceptance letter.</b> From college/universit / AVT program, or if transferred. (Unless open enrollment institution such as a community college)	_____
8.	<b>First-time applicants:</b> Copy of GED, high school, or college transcripts.	_____
9.	Personal letter outlining educational goals and future plans.	_____
10.	<b>One Recommendation letter.</b> From those in your support system. Attach.	_____
11.	<b>Proof of CTUIR Enrollment.</b> Copy of ID card or enrollment certificate. Attach.	_____

**CTUIR Higher Education Scholarship Application 2024-25**

**Term(s) applying for: 2024-25 \_\_\_ Fall/Academic Year \_\_\_ Winter/Spring Semester \_\_\_ 2024 Spring Term**

**\* \_\_\_ 2025 Summer \*Summer scholarships are for those who require funding to graduate summer term/semester**

Date:	Applicant Name: (Last) _____ (First) _____ (Middle) _____		
Student ID #:	Tribal ID# _____	Date of Birth _____	Phone Number: _____
Mailing Address: _____		New Student: Yes ___ No ___ Returning Student: Yes ___ No ___	
City: _____	State: _____	Zip Code: _____	Email Address: _____
Are you a veteran? Yes: _____ No: _____	Marital Status: _____	No. of dependents _____	Gender: Male: _____ Female: _____
High School or GED program: (Name & Location) _____		Graduate Month and Year: _____	
College, University or Vocation Training Program: (Name & Location) _____		Semester _____ Term _____	
		Online: Yes _____ No _____	
Degree/certificate: (check one)	Vocational Certificate: _____	Associate: _____ AA/AS	Bachelors: _____ BA/BS
		Masters: _____ MA/MS	Doctorate: _____
Classification : _____ Vocational _____ Freshman _____ Sophomore _____ Junior _____ Senior _____ Graduate _____			
Vocational/Undergraduate Major: _____		Anticipated Date of Completion/Graduation Month/Year: _____	
Graduate Students Program/Department _____		Anticipated Date of Completion/Graduation Month/Year: _____	
My Enrollment Status will be: <i>(Check one)</i> Full-Time _____ Three-Quarter Time _____ Half-time _____ Less than Half-time _____			
What is your career/job interest up completion/Graduation? _____ Are interest in working at CTUIR or entities of tribe? Would you consider applying? _____			

**Check mark or fill-in all questions completely and legibly. Incomplete applications cannot be processed.**

**SCHOLARSHIP AGREEMENT**

I understand that if I am eligible, will be made available to me through the financial aid office at the college I attend. I also understand that this grant award is to assist with my educational expenses while I am enrolled in a college/university and maintaining a **2.00 GPA** or better. **I further understand that I am responsible to submit a transcript at the end of each term and class schedule at the beginning of each term; if I fail to submit these documents by the deadline.**

I further understand that if I fail to maintain a **2.00 GPA** I will be placed on **academic probation**. If I fail to meet a 2.0 GPA for two consecutive quarters I will be placed on **suspension**. In order to **re-establish** eligibility I must complete one full-time term with my own resources.

I further understand that it is my responsibility to **inform** the CTUIR Higher Ed if I **withdraw** for any reason or **dropout** before the end of the academic term/semester and **receive 0.0 GPA and 0 credits** for the grading period, and that I will be placed on academic probation and will be suspended if I was on probation for term/semester.

I agree that I will provide a degree audit the final year of the degree program I am completing.

I understand that CTUIR Higher Education is not responsible for the **repayment** of any student loans I may borrow.

I understand that all awards are subject to availability of funds.

I further provide my consent to the Tribal Education Department for the release of information to other CTUIR departments and enterprises regarding my receipt of Tribal scholarship funds, the school or adult vocational training institution that I attend, my grade level, or graduation from such schools or adult vocational training institutions, as well as my major field of study or adult vocational training subject matter and contact information (electronic mail).

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Student Printed Name

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Student Signature

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Date

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**Authorization to Release Higher Education Information**

This is for Higher Education staff to release scholarship information to parent (s)/guardian (s)

PRIVACY POLICY: Confidentiality of Scholarship Application Information.

The ETC and CTUIR Education Department shall maintain the confidentiality of all information provided by or on behalf of a CTUIR member applicant for Scholarship assistance. Applicants eighteen years of age and older may sign a waiver to allow the Education Department to share information with third parties. The waiver must identify what information may be shared. Applicants, eighteen years of age or older, are solely responsible for communication with the Higher Education Program concerning scholarship or academic standing. The following general information may be provided by the Education Department Higher Education Office or the ETC about a student:

- a. The academic institutions, vocational programs, financial aid office, parent/guardian authorization, and related contacts associated with the student’s enrollment and scholarship award, as authorized by the student when signing the release of information form attached to the application.
- b. Student name and field of study may be released to CTUIR’s Human Resources departments when determining Internship opportunities and job placement services.
- c. Student name and degree earned when recognizing CTUIR graduates in the tribal paper and at formal recognition events.
- d. Education Department staff will serve as a communication hub between the student and potential opportunities/resources the student may benefit from.
- e. Any other release of information ordered by a court of competent jurisdiction.

**Student Records to be released (check one):**

**Only the following records:**

\_\_\_\_\_ (Example: grades, term schedules, registration information, enrollment history, etc.) Be specific on what information you want released.

**Person, Company or Agency to Release Information To:**

**Name of Person, Company or Agency:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **St:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Name of Person, Company or Agency:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **St:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

\_\_\_\_\_  
Student Printed Name

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

\_\_\_\_\_  
Date

This authorization is valid for one year from the date of signature.

## STUDENT NEED ASSESSMENT

**IMPORTANT: Form to be completed by a Financial Aid Officer only please email [highereducation@ctuir.org](mailto:highereducation@ctuir.org)**

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Academic Year: 2024 – 2025 Expected Family Contribution (EFC): \_\_\_\_\_

Registration Status:  Full Time   $\frac{3}{4}$  time   $\frac{1}{2}$  time Total Credits Registered: \_\_\_\_\_

Dependency:  Dependent  Independent \_\_\_\_\_

Marital Status:  Single  Married

Terms / Semesters Requesting funding:  Summer  Fall/1<sup>st</sup> Semester  Winter  Spring/2<sup>nd</sup> Semester

**Student Budget = cost of attendance (per enrollment status)**

**Adult Vocational Training (AVT) program cost:**

Tuition & Fees	\$
Room & Board	\$
Books & Supplies	\$
Transportation	\$
Personal Expenses	\$
Other:	\$
<b>Total</b>	\$

Financial Aid Available?	Yes	No
Tuition & Fees	\$	
Transportation	\$	
Personal Expenses	\$	
Other: _____	\$	
<b>Total Program Cost</b>	\$	
Start date: _____	End	

FINANCIAL AID	Summer	Fall / 1 <sup>st</sup> Sem.	Winter	Spring / 2nd	Totals
Federal Pell					
State Grant (s)					
Tuition Waiver					
Loan Accepted					
Other Resources					
				Total Budget	
				Total Resources	
				Unmet Need	

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

Signature of FAO: \_\_\_\_\_

Send scholarship to: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

By signing, I authorize the above-referenced educational institution to release information from my school to the CTUIR Higher Education Department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date