



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 31
Winter Term/Spring Semester	1st Friday in October	December 1
Spring Term	1st Friday in December	February 28
*Summer Term	1 st 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

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)

<u>Item #</u>	<u>Item Description / Form Name:</u>	<u>Date Completed</u>
1.	Student Information Sheet. 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 enrollment@ctuir.org)</i>	_____
2.	Scholarship Agreement & Consent of Release. Read carefully! Sign (page 3). Optional Additional Release of Information for family/other parties.	_____
3.	Student Aid Report (SAR). All applicants must complete a Free Application for Federal Student Aid (FAFSA). Website is www.fafsa.ed.gov Email or attach '.pdf' file from FAFSA website.	_____
4.	Financial Award Offer Letter from Institution or Student Needs Assessment (SNA). <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.	Official Transcripts 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	_____
* NEW APPLICANTS ONLY*		
7.	Acceptance letter. From college/universit / AVT program, or if transferred. (Unless open enrollment institution such as a community college)	_____
8.	First-time applicants: Copy of GED, high school, or college transcripts.	_____
9.	Personal letter outlining educational goals and future plans.	_____
10.	One Recommendation letter. From those in your support system. Attach.	_____
11.	Proof of CTUIR Enrollment. 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
Mailing Address:		Phone Number:		
		New Student: Yes___ No___		
		Returning Student: Yes___ No___		
City:		State:	Zip Code:	
		Email Address:		
Are you a veteran? Yes:_____		Marital Status:	No. of dependents	Gender: Male:_____
No:_____				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			Anticipated Date of Completion/Graduation	
Major:_____			Month/Year:_____	
Graduate Students			Anticipated Date of Completion/Graduation	
Program/Department_____			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).

Student Printed Name

Student Signature

Date

OPTIONAL 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

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/1st Semester Winter Spring/2nd 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:	\$
Total	\$

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

FINANCIAL AID	Summer	Fall / 1 st 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