

HIGHER EDUCATION GRANT APPLICATION

**Coquille Indian Tribe
P.O. Box 783
North Bend, Oregon 97459
Telephone: 541-756-0904
Toll Free: 800-622-5869
FAX: 541-756-5869**

Coquille Indian Tribe Higher Education Application Check list

Please return the completed application with the following documentation

- ___ Copy of High School Diploma or GED Completion
- ___ Letter of acceptance or admissions for the institute you plan to attend
- ___ Complete the Free Application for Federal Student Aid (FAFSA) (The FAFSA can be accessed on-line at www.fafsa.ed.gov . You will need to have your tax return information (and your parents if you are less than 24 year of age) to complete the application.)
- ___ Copy of Financial Aid award letter (Issued to you by the financial institute you will be attending)
- ___ Needs Analysis Summary (Provided in Higher Education Packet). This document needs to be filled out by the Financial Aid office of the institute you will be attending and returned to the Coquille Indian Tribe Education Department.
- ___ Copy of school schedule for term/semester you will be attending
- ___ Copy of grades from the last term/semester of college or High School attended

Please return the completed application to:

Coquille Indian Tribe
Education Department
P.O. Box 783
North Bend, OR 97459

If you have any questions about this application or the Higher Education Program please contact the Education Department at 1-800-622-0847 or 1-541-756-0904

This application may also be downloaded from the Coquille Indian Tribe website:
www.coquilletribe.org.

CIT Higher Education Application Information Sheet

Academic Year _____

Name _____ Maiden _____

Permanent Address _____

City _____ State _____ ZIP _____

Phone _____ SSN _____ Date of Birth _____

Student Resident Address _____

City _____ State _____ ZIP _____

College/Institution Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Term Type: Quarters Semesters

Expected Attendance:	<input type="checkbox"/> Summer	Begin Date: _____	End Date: _____
	<input type="checkbox"/> Fall	Begin Date: _____	End Date: _____
	<input type="checkbox"/> Winter	Begin Date: _____	End Date: _____
	<input type="checkbox"/> Spring	Begin Date: _____	End Date: _____

Student Level (During Scholarship Period) Fr. Soph. Jr. Sr. Grad.

Expected Graduation Date (month and year): _____

Will be attending college Full time _____ Part-time _____

Degree Type: Associate's Bachelor's Master's Doctorate

Major(s) _____

Minor(s) _____

I hereby certify that the above information is true and correct to the best of my knowledge. I agree to make every effort to maintain a GPA of 2.0 or better in order to receive funding. I understand that I am required to submit grade reports to the CIT Education Department at the end of each term. I agree to notify the CIT Education Department in writing of any change of institution or any intention of withdrawing from classes. I understand that if I withdraw for any reason before the term is completed, I will refund to the Coquille Indian Tribe the scholarship money advanced to me before I may further qualify for any Tribal education awards. Returned funding will not count towards the maximum funding cap.

Signature _____ Date _____

CIT Higher Education Application Statement of Privacy and Release of Information

The Privacy Act of 1974 requires each Federal agency that maintains a system of information on individuals to inform those individuals about:

- The authority, whether granted by statute or by executive order of the President, which authorizes the solicitation of the information and whether disclosure of such information is mandatory or voluntary.
- The principle purpose(s) for which the information is intended to be used.
- The routine uses which may be made of the information.
- The effects on him or her, if any, of not providing all or any part of the requested information.

The Higher Education Student College Assistance Program operates under the general authority of 24 USC chapter 12, 42 Statute 208 P.L. 67-85, with specific legislation contained in 25 USC, subchapter E, Part 32, "Administration of Educational Loans, Grants and Other Assistance for Higher Education."

The applicant understands that the intent of collecting and maintaining this data is for determining eligibility and to provide a means of producing statistical records. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining higher education assistance under this program.

The administration of this program requires certain information from the applicant. The forms included in this packet solicit the required information. This information may be made available to authorized organizations or individuals.

I have read the statement on privacy listed above. I hereby provide the required information and authorize the use of such information.

I hereby give permission to release any and all of the following information to the Coquille Indian Tribe or staff member:

- Financial aid awards, application data, disbursements, and/or eligibility
- Billing statements, charges, credits, payments, and/or past due amounts
- GPA/grades, demographic, registration, student ID number, enrollment information, and/or academic progress status
- Access to student records maintained by the Registration Office and Financial Office, including all of the above examples

This release will remain in effect until the end of the academic year

Student Signature _____ **Date** _____

COQUILLE INDIAN TRIBE

P.O. Box 783 3050 Tremont North Bend, OR. 97459
Telephone 541-756-0904 FAX 541-756-0847

NEEDS ANALYSIS SUMMARY

Academic year 2____ to 2____ (circle one) term semester
Summer__ Fall__ Winter__ Spring__ (check all that apply).
Full time_____ Part-time_____

Print or type student name and social security number

Student's name _____ SSN# _____

I hereby authorize (college or university) _____ to release any information pertaining to grades, financial aid, registration and admission application information to the Education Coordinator, Coquille Indian Tribe.

Student signature: _____

Date: _____

This section to be filled out by the financial aid officer after applicant has completed and filed a FAFSA.

(1) EDUCATIONAL BUDGET	(2) FINANCIAL AID
Tuition/fees	Pell
Books/supplies	State Grant
Room/board	CWS
Transportation	Loan eligibility status & amount
Child Care	
Personal	Other
Total	Total
(3) RESOURCES	(4) COMPUTATION SUMMARY
Parent contribution	Total from section (1)
Student contribution	
Spouse contribution	Total from section (2&3)
Veterans Benefits	
Other	
Total	Unmet need

I have reviewed the application and determined the financial summary above for the student named. I recommend an award of _____

Signature of Financial Aid Officer: _____

Date: _____

Name of college/university: _____

Phone: () _____

