

HOH RIVER HIGHER EDUCATION PROGRAM

SCHOLARSHIP APPLICATION

\*\*\*\*\*BASED ON AVAILABILITY OF FUNDS\*\*\*\*\*

DEADLINES:

MAY 1	HIGH SCHOOL SENIORS
MAY 1	SUMMER TERM ONLY
JULY 1	FALL/WINTER/SPRING

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## APPLICATION CHECKLIST

### NEW & RETURNING STUDENTS:

- \_\_\_ APPLICATION COMPLETE AND SIGNED
  - \_\_\_ PERSONAL LETTER
  - \_\_\_ PROOF OF AMERICAN RESIDENCY
  - \_\_\_ COPIES OF ALL IDENTIFICATION FRONT AND BACK OF I.D. CARDS
  - \_\_\_ COLLEGE ACCEPTANCE LETTER
  - \_\_\_ ENROLLMENT VERIFICATION
  - \_\_\_ COPY OF FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) and STUDENT AID REPORT (SAR)
  - \_\_\_ NEED ANALYSIS (FULL-TIME STUDENTS MUST HAVE THE FINANCIAL AID OFFICE COMPLETE AND SEND TO OUR OFFICE)
  - \_\_\_ BUDGET SHEET (PART-TIME STUDENTS MUST COMPLETE PART A & B OF NEED ANALYSIS)
  - \_\_\_ CLEARLY IDENTIFY TUITION AND TEXTBOOK COSTS
  - \_\_\_ COLLEGE TRANSCRIPTS (IF APPLICABLE)
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### GRADUATE STUDENTS:

- \_\_\_ APPLICATION COMPLETE AND SIGNED
- \_\_\_ PERSONAL LETTER
- \_\_\_ ENROLLMENT VERIFICATION
- \_\_\_ COMPLETE TRANSCRIPTS VERIFYING 4-YEAR DEGREE RECEIVED
- \_\_\_ ACCEPTANCE LETTER FROM GRADUATE SCHOOL
- \_\_\_ SIX DENIAL LETTER FROM SIX DIFFERENT SCHOLARSHIPS INCLUDING ONE FROM THE AMERICAN INDIAN GRADUATE CENTER

### SCHOLARSHIP APPLICATION

ACADEMIC YEAR \_\_\_\_\_

FALL \_\_\_\_\_ WINTER \_\_\_\_\_ SPRING \_\_\_\_\_

FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_ RETURNING \_\_\_\_\_ NEW \_\_\_\_\_

FRESHMAN SOPHMORE JUNIOR SENIOR GRADUATE

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PERSONAL INFORMATION

NAME \_\_\_\_\_ MAIDEN \_\_\_\_\_  
LAST FIRST MI

CURRENT ADDRESS: \_\_\_\_\_  
P.O. BOX/STREET CITY/STATE ZIP

ENROLLMENT #: \_\_\_\_\_ TRIBE: \_\_\_\_\_

CELL/HOME TELEPHONE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

GENDER: MALE/FEMALE DOB: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

MARRIED/SINGLE: \_\_\_\_\_

NUMBER OF DEPENDANTS: \_\_\_\_\_

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COLLEGE/UNIVERSITY: \_\_\_\_\_

COLLEGE ADDRESS: \_\_\_\_\_

MAJOR: \_\_\_\_\_ MINOR: \_\_\_\_\_

EXPECTED GRADUATION DATE: \_\_\_\_\_

HIGH SCHOOL/GED: \_\_\_\_\_

YEAR RECEIVED/GRADUATION: \_\_\_\_\_

\_\_\_\_\_  
PLEASE READ CAREFULLY!

STATEMENT OF PRIVACY

THE PRIVACY ACT OF 1974 REQUIRED EACH FEDERAL AGENCY THAT MAINTAINS A SYSTEM OF INFORMATION ON INDIVIDUALS TO INFORM THOSE INDIVIDUALS AS TO:

- A. THE AUTHORITY (WHEATHER GRANTED TO 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;
- B. THE PRINCIPLE PURPOSE OR PURPOSES FOR WHICH THE INFORMATION IS INTEDED TO BE USED;

C. THE ROUTINE USES WHICH MAY BE MADE OF THE INFORMATION, AS PUBLISHED PURSUANT TO PARAGRAPH (4), (D) OF THIS SUBSECTION AND;

D. THE EFFECTS ON HIM, IF ANY, OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION.

THE INTENT OF COLLECTION AND MAINTANING THIS DATA IS TO DETERMINE ELIGIBILITY. FAILURE OF THIS APPLICANT TO PROVIDE THE NECESSARY INFORMATION MAY PRECLUDE APPLICANT ELIGIBILITY.

### TRIBAL SCHOLARSHIP AGREEMENT

I UNDERSTAND THAT IF I WITHDRAW OR EARN 0.00 GPA/ZERO CREDITS BEFORE THE TERM IS OVER INSUFFICIENT REASONS, I WILL REFUND THE TRIBAL SCHOLARSHIP AWARDED TO ME. I AGREE TO USE THE AWARD FOR EDUCATIONAL PURPOSES AND UNDERSTAND IT IS MY RESPONSIBILITY TO SEND GRADE TRANSCRIPTS AT THE END OF EACH QUARTER/SEMESTER TO THE HIGHER EDUCATION PROGRAM, AND TO INFORM THE PROGRAM TO ANY CHANGES IN MY EDUCATIONAL PROCESS.

I HAVE READ THE STATEMENT OF PRIVACY AND THE TRIBAL SCHOLARSHIP AGGREEMENT LISTED WITH THE APPLICATION FORM. I HEREBY PROVIDE THE INFORMATION AND BY MY SIGNATURE ATTEST THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### RELEASE OF INFORMATION

(MANDATORY FOR ALL STUDENTS)

I \_\_\_\_\_, SOCIAL SECURITY

# \_\_\_\_\_--\_\_\_\_\_, RELEASE ALL NECESSARY

INFORMATION ABOUT MY EDUCATION TO ASSIST THE HOH RIVER HIGHER EDUCATION PROGRAM IN ITS ADMINISTRATION OF THE HOH RIVER TRIBAL SCHOLARSHIP. THIS INCLUDES ALL DEMOGRAPHIC, ENROLLMENT, TRANSCRIPTS AND FINANCIAL AID INFORMATION.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PERSONAL LETTER

PLEASE INDICATE YOUR EDUCATIONAL AND EMPLOYMENT GOALS

(PLEASE USE THIS PAGE AND DO NOT ADD ATTACHMENTS)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NEED ANALYSIS

PART-TIME STUDENTS COMPLETE PARTS (A) & (B)  
FULL-TIME STUDENTS COMPLETE PART (A) AND SUBMIT TO FINANCIAL AID OFFICE TO  
COMPLETE PART (C)

(A) NAME \_\_\_\_\_ SS# \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

COLLEGE/UNIVERSITY \_\_\_\_\_

(B) PART-TIME APPLICANTS: TOTAL AWARD WILL NOT EXCEED FULL-TIME SCHOLARSHIP  
AMOUNTS PER YEAR

TOTAL CREDITS: \_\_\_\_\_ COST PER CREDIT: \_\_\_\_\_

TUITION & FEES: \_\_\_\_\_

BOOKS: \_\_\_\_\_

TRANSPORTATION-TOTAL MILES PER TERM: \_\_\_\_\_ X .54 \_\_\_\_\_

TOTAL REQUEST \_\_\_\_\_

(C) COLLEGE FINANCIAL AID OFFICER: PLEASE COMPLETE AND SEND TO HOH RIVER HIGHER  
EDUCATION PROGRAM, ATT: LORRAINE CRESS P.O. Box 2196 Forks, WA 98331,  
OR FAX TO (360) 374-5426

BUDGET

RESOURCES

TUITION & FEES \_\_\_\_\_

ROOM&BOARD \_\_\_\_\_

BOOKS \_\_\_\_\_

PERSONAL \_\_\_\_\_

DEPENDANT(S) \_\_\_\_\_

CHILDCARE \_\_\_\_\_

TRANSPORTATION \_\_\_\_\_

STUDENT CONTR. \_\_\_\_\_

SPOUSE CONTR. \_\_\_\_\_

PARENTAL CONTR. \_\_\_\_\_

SOCIAL SECURITY \_\_\_\_\_

ADC/PA \_\_\_\_\_

VETS. BENEFITS \_\_\_\_\_

OTHER \_\_\_\_\_

TOTAL \_\_\_\_\_

TOTAL \_\_\_\_\_

CAMPUS BASED AID:	FALL	WINTER	SPRING	TOTAL
PELL GRANT	_____	_____	_____	_____
SEOG	_____	_____	_____	_____
STATE NEED GRANT	_____	_____	_____	_____
COLLEGE WORK STUDY	_____	_____	_____	_____
TUITION WAIVER	_____	_____	_____	_____

COLLEGE SCHOLARSHIP \_\_\_\_\_  
LOAN(S) \_\_\_\_\_  
OTHER \_\_\_\_\_

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

SIGNATURE/TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

APPEAL PROCESS

OBJECTIVE 9: EFFORTS ARE MADE TO TREAT ALL APPLICANTS IN A FAIR, CONSISTENT AND EQUITABLE MANNER IN THE APPLICATION AND APPROVAL PROCESS.

9.1 THE INITIAL PROCESS STEPS ARE COMMON TO BOTH PROGRAMS DIFFERENTIATION IS MADE FOR THE COLLEGE STUDENT ASSISTANCE PROGRAM WHEN HIGHER LEVEL APPEAL IS MADE TO THE BUREAU OF INDIAN AFFAIRS.

9.2 APPEAL PROCESS:

LEVEL 1

- A) APPLICANT FEELS HE/SHE HAS A LEGITAMATE COMPLAINT
- B) APPLICANT IMMEDIATELY INFORMS SCHOLARSHIP DIRECTOR IN PERSON AND/OR BY TELEPHONE.
- C) MEETING IS HELD AS SOON AS POSSIBLE BETWEEN APPLICANTS. NOTE: ALTHOUGH THE APPEALS PROCESS EXISTS TO GIVE APPLICANTS THE OPPORTUNITY TO SEEK REDRESS, APPLICANTS ARE ENCOURAGED TO WORK WITH THE TRIBAL SCHOLARSHIP DIRECTOR STAFF TO RESOLVE THE ISSUE ON AN INFORMAL AND MUTUAL BASIS.

THIS IS THE LOWEST LEVEL FOR HANDLING AN APPEAL.

LEVEL 2

- A) APPLICANT STILL FEELS ISSUE IS UNRESOLVED
- B) APPLICANT SUBMITS A WRITTEN APPEAL WITHIN TEN (10) DAYS OUTLINING THEIR REASON FOR THE APPEAL TO THE SCHOLARSHIP DIRECTOR.
- C) THE SCHOLARSHIP DIRECTOR WILL REVIEW THE APPEAL. A MEETING WILL BE HELD WITH THE APPLICANT TO DISCUSS. A WRITTEN RECOMMENDATION FOR APPROVAL/DISAPPROVAL WILL BE FORMULATED.
- D) WRITTEN RECOMMENDATION SUBMITTED TO THE EDUCATION DIRECTOR WITHIN FIVE (5) DAYS. A HEARING WILL BE HELD WITH ALL PARTIES INVOLVED. A DECISION WILL BE MADE IMMEDIATELY AND CONSIDERED FINAL.

FOR THE TRIAL SCHOLARSHIP PROGRAM, THE APPEALS STOPS HERE.

LEVEL 3: ONLY FOR THE COLLEGE STUDENT ASSISTANCE PROGRAM:

- A) APPLICANTS STILL FEEL THE ISSUE IS UNRESOLVED.
- B) APPLICANT SENDS WRITTEN APPEAL OUTLINING REASONS TO EXECUTIVE DIRECTOR OF THE HOH TRIBE, P.O. BOX 2196, Forks, WA 98331, (360)374-5423