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)

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______
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: ______

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 (WETHER 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
   INTENDED TO BE USED;
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 MAINTAINING 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 AGREEMENT 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

TUITION & FEES _______ STUDENT CONTR. __________
ROOM&BOARD _______ SPOUSE CONTR. __________
BOOKS _______ PARENTAL CONTR. __________
PERSONAL _______ SOCIAL SECURITY __________
DEPENDANT(S) _______ ADC/PA __________
CHILDCARE _______ VETS. BENEFITS __________
TRANSPORTATION _______ OTHER __________

TOTAL _______ TOTAL _______

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