



Hoh Tribe Higher Education Program Scholarship Application

•••• BASED ON AVAILABILITY OF FUNDS ••••

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Hoh Tribe Higher Education Program

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APPLICATION CHECKLIST

NEW & RETURNING STUDENTS

- APPLICATION COMPLETE & SIGNED
- PERSONAL LETTER SIGNED & SENT BY EDUCATIONAL INSTITUTION FINANCIAL AID OFFICE
- PROOF OF HOH TRIBAL ENROLLMENT
- COPIES OF ALL IDENTIFICATION (FRONT & BACK)
- COLLEGE ACCEPTANCE LETTER
- COURSE ENROLLMENT VERIFICATION
- COPY OF FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) & STUDENT AID REPORT (SAR)
- NEED ANALYSIS (FULL-TIME STUDENTS MUST HAVE THE FINANCIAL AID OFFICE COMPLETE & 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)

Scholarship Application

ACADEMIC YEAR: _____

- FALL
- WINTER
- SPRING

- FULL-TIME PART-TIME
- RETURNING NEW

- FRESHMEN SOPHMORE JUNIOR SENIOR

PERSONAL DETAILS:

Full Name:				DOB:	
Last	First	MI	Maiden		
Email Address:					
Phone Number:			Enrollment #:		
Social Security #:		-	-	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Current Address:					
City:		State:		Zip:	
Number of Dependents:			Married <input type="checkbox"/> Single <input type="checkbox"/>		

EDUCATION:

Highest Level of Education Completed:	
<input type="checkbox"/>	High School Diploma/GED
<input type="checkbox"/>	Associate's Degree
<input type="checkbox"/>	Bachelor's Degree
<input type="checkbox"/>	Master's Degree
<input type="checkbox"/>	Some College
EXPECTED GRADUATION DATE:	MAJOR:
YEAR RECIEVED/GRADUATION:	MINOR:

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 (WHETHER 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

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 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 OF ANY CHANGES IN MY EDUCATIONAL PROCESS. ALL FUNDS WILL BE SENT DIRECTLY TO EDUCATIONAL INSTITUTION.

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.

Print Name: _____ Date: _____

Applicant Signature: _____

RELEASE OF INFORMATION- MANDATORY FOR ALL STUDENTS

I, _____, SOCIAL SECURITY # _____ - _____ - _____ RELEASE ALL NECESSARY INFORMAITON ABOUT MY EDUCATION TO ASSIST THE HOH RIVER HIGHER EDUCATION PROGRAM IN ITS ADMINISTRATION OF THE HOH TRIBAL SCHOLARSHIP. THIS INCLUDES ALL DEMOGRAPHIC, ENROLLMENT, TRANSCRIPTS AND FINANCILA AID INFORMATION.

Print Name: _____ Date: _____

Applicant Signature: _____

NEEDS 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 TRIBE HIGHER EDUCATION PROGRAM:

ATT: BRITNI DUNCAN

P.O. BOX 2196

FORKS, WA 98331

OR FAX TO: (360)374-5426

BUDGET

TUITION & FEES: _____

ROOM & BOARD: _____

BOOKS: _____

PERSONAL: _____

DEPENDANT(S): _____

CHILDCARE: _____

TRANSPORTAION: _____

TOTAL: _____

RESOURCES

STUDENT CONTR: _____

SPOUSE CONTR: _____

PARENTAL CONTR: _____

SOCIAL SECURITY: _____

ADC/PA: _____

VETS. BENEFITS: _____

OTHER: _____

TOTAL: _____

(C) CONTINUED ON NEXT PAGE

(c) CONTINUED

	FALL	WINTER	SPRING	SPRING	TOTAL
CAMPUS BASED AID	_____	_____	_____	_____	_____
PELL GRANT	_____	_____	_____	_____	_____
SEOG	_____	_____	_____	_____	_____
STATE NEED GRAN	_____	_____	_____	_____	_____
COLLEGE WORK STUDY	_____	_____	_____	_____	_____
TUITION WAIVER	_____	_____	_____	_____	_____
COLLEGE SCHOLARSHIP	_____	_____	_____	_____	_____
LOAN(S)	_____	_____	_____	_____	_____
OTHER	_____	_____	_____	_____	_____.

COMMENTS: _____

_____.

Print Name: _____ **Date:** _____

Signature: _____

Title: _____

Address: _____

APPEAL PROCESS

OBJECTIVE 9: EFFORTS ARE MADE TO TREAT ALL APPLICANTS IN A FAIR, CONSISTENT & EQUITABLE MANNER IN THE APPLICATION & 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 LEGITIMATE 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 DIRECT 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 REASONS 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 TRIBAL 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:

THE EXECUTIVE DIRECTOR OF THE HOH TRIBE,

P.O. BOX 2196

FORKS, WA 98331

(360)374-6501.