

Ayukii:

Thank you for your interest in the Karuk Tribe Higher Education Grant Program. We encourage our Tribal members to obtain their goals in education and are here to assist you to the best of our ability.

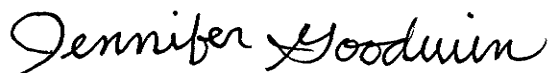
The Higher Education Grant Program is for enrolled Tribal members who attend a college or university full-time (12 or more units). The choice of school is always left up to the student, but we are available if needed to help in the choosing of that school. The program requires applicants to apply for additional sources of financial aid. After you have chosen a school, get in touch with their Financial Aid Office. Their representatives will help you set up a financial plan.

Students interested in assistance to continue their education through an Adult Vocational School should contact Dion Wood, TERO/AVT Director, at 1-800-50-KARUK or (530) 493-1600 ex. 2030, for information about financial assistance that may be available to you.

Enclosed are forms and a list of required information that you are responsible to provide to the education office in order to qualify for educational grant funding. Please fill them out completely, include your social security number, your signature and the date. Without the correct information and completed paperwork, we will be unable to assist you. **Applications must be received no later than July 31, 2009 to be considered for a grant award for the 2009-2010 school-year.**

Wishing you much success in your educational endeavors. If you have any questions please do not hesitate to contact Jennifer Goodwin, Education Coordinator at **1-800-50-KARUK ex. 2034 or (530) 493-1600 ex. 2034.**

Sincerely,



Jennifer Goodwin
Education Program Coordinator
Karuk Tribe of California

Higher Education Grant Eligibility Requirements

- Student must be an enrolled Karuk Tribal member.
- Student must be pursuing an AA, AS, BA, or BS degree.
- No funding is available for Graduate Students as per BIA regulations.
- Students must be enrolled full-time. Defined as 12 units or more.
- Students must maintain a 2.0 Grade Point Average.
- They must remain in good standing with the educational institution they attend.
- Students are not eligible for grants from the Education Department of the Karuk Tribe of California if they are in default with the Tribe for any loan.
- Students must reapply for education grants each school year.
- Grant payments are sent directly to the school only after all the following paperwork is completed: Grant application, Financial Needs Analysis, a copy of student's class schedule and Karuk Tribal enrollment verification.

EDUCATION DEPARTMENT

Dear Students:

The Education Department has received your request for financial assistance.

THE FOLLOWING ITEM(S) NEED TO BE FILLED OUT COMPLETELY AND RETURNED TO THE EDUCATION OFFICE TO BE CONSIDERED FOR A HIGHER EDUCATION GRANT AWARD:

- _____ **KARUK TRIBE HIGHER EDUCATION GRANT APPLICATION**
- _____ **FINANCIAL NEEDS ANALYSIS** (Included with this packet)
- _____ **CLASS SCHEDULE OR PROOF OF FULL-TIME ENROLLMENT**
- _____ **KARUK TRIBAL ENROLLMENT VERIFICATION**
- _____ **GRADES FROM LAST SEMESTER/YEAR**
(If you attended College last year and received a Karuk Higher Education Grant Award)

ALL ITEMS MUST BE COMPLETE AND RETURNED NO LATER THAN July 31, 2009.

Please contact Jennifer Goodwin, the Education Coordinator if you need any further assistance at 1-800-50-KARUK ex. 2034 or 530-493-1600 ex. 2034.



Karuk Tribe of California Higher Education Grant Application

Name: _____
Last First Middle Initial

Address: _____ City: _____

State: _____ Zip: _____

Telephone #:() () _____
Home Work or Cell Phone

Date of Birth: ____ / ____ / ____ Sex: Male Female SS# _____

E-Mail Address: _____

Marital Status: Single Married Divorced Separated

No. of Dependents: _____ Are you a Veteran? Yes No

State of Residency: _____ Karuk Tribal Enrollment Number: _____

Name and Address of High School: _____

Type of High School: BIA Tribal Private Mission Public GED

Graduation/GED Date: ____ / ____ Academic Year Applying for: ____ / ____
Mo./Yr. Yr./Yr.

Name & Address of College Selected: _____

College Major: _____ Expected Year to Graduate: _____

Degree: AA AS BA BS Other: _____

Year in College: Freshman Sophomore Junior Senior Graduate

I will be living: On Campus Off Campus With parents

Have you received our grant before? Yes No If yes what Year(s) _____

Statement of Education Purpose: I declare that I will use any funds I receive under the Karuk Tribe Higher Education Grant Program solely for expenses with attendance at:

Signature of Student: _____ Date: _____

Privacy Act Statement

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974) Dec. 31, 1974. Although furnishing personal information to this office is voluntary, failure to supply complete and accurate information may preclude the applicant from eligibility for assistance under this program. This information is being collected to determine eligibility of individuals applying for services. This information will be used to produce statistical records required of the Office of Indian Education Programs. Response to this request is required to obtain a benefit. I hereby certify that the information included in this application is true and correct to the best of my knowledge and consent to the release of this information to necessary agencies to determine and/or continue my eligibility. **I will provide a copy of my grades or transcript to the Education Office at the end of each semester.**

Signature of Student _____ Date: _____

Karuk Tribe of California



Administrative Office
64236 Second Ave. • P.O. Box 1016
Happy Camp, CA 96039
(530) 493-1600 • Fax (530) 493-5322

Karuk Community Health Clinic
64236 Second Ave. • P.O. Box 316
Happy Camp, CA 96039
(530) 493-5257 • Fax (530) 493-5270

FINANCIAL NEEDS ANALYSIS

TO BE COMPLETED BY THE FINANCIAL AID OFFICER AT SCHOOL OF YOUR CHOICE

Verification of need from your office is requested before action can be taken on this student's application. Please complete and forward this form to the above address: ATTN: EDUCATION DEPARTMENT. Thank you for your assistance.

NAME _____

SS# _____ DATE _____

BUDGET PERIOD: FROM _____ TO _____ WHICH WILL START ON _____

COLLEGE BUDGET: RESOURCES: CAMPUS BASED AND OTHER AID:

TUITION	\$ _____	PARENT CONTRIBUTION	\$ _____	SEOG	\$ _____
FEES	\$ _____	STUDENT CONTRIBUTION	\$ _____	PELL	\$ _____
BOOKS/SUPPLIES	\$ _____	VETERANS BENEFITS	\$ _____	NDSL	\$ _____
ROOM	\$ _____	AFDC/WELFARE	\$ _____	CWS	\$ _____
BOARD	\$ _____	SOCIAL SECURITY	\$ _____	SUG	\$ _____
TRANSPORTATION	\$ _____	STATE (INDIAN)	\$ _____	EOPS	\$ _____
PERSONAL	\$ _____	VOC. REHABILITATION	\$ _____	GSL	\$ _____
CHILD CARE	\$ _____	OTHER	\$ _____	CAL	\$ _____
OTHER	\$ _____			OTHER	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____	TOTAL	\$ _____

WE RECOMMEND A STUDENT AWARD OF: \$ _____

SIGNATURE: _____
FINANCIAL AID OFFICER

DATE _____

Telephone # _____

COLLEGE OR SCHOOL: _____

ADDRESS: _____

YOUR SCHOOL IS ON: SEMESTER _____ QUARTER _____ TRIMESTER _____ OTHER _____