Karuk Community Health Clinic

64236 Second Avenue Post Office Box 316 Happy Camp, CA 96039 Phone: (530) 493-5257 Fax: (530) 493-5270



Administrative Office

Phone: (530) 493-1600 • Fax: (530) 493-5322 64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

Karuk Dental Clinic

64236 Second Avenue Post Office Box 1016 Happy Camp, CA 96039 Phone: (530) 493-2201

Fax: (530) 493-5364

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 administered by the Karuk Education Department for enrolled Tribal members pursuing an undergraduate degree at a college or university attending full-time (12 units or more). Students are eligible to receive up to six years of support.

The Karuk Student Rent Voucher Program is administered by the Karuk Tribal Housing Authority for enrolled Tribal members who attend a college or university full-time (12 or more units). For more information on this program contact Ashlee King, at the Happy Camp Housing Authority, 1-800-250-5811 or (530)493-5434 ext. 108.

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 ext. 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. Application, survey, waiver, verification, and transcript must be completed and postmarked on or before July 30, 2010 to be considered for a grant award for the 2010-2011 school year. The financial needs analysis and class schedule will be accepted postmarked no later than September 30, 2010 if your college cannot send it postmarked by the July 30th deadline. FUNDING CANNOT BE GRANTED UNTIL ALL ITEMS ARE RECEIVED.

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



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 every grading term.
- > Students 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 if they are in default with the Tribe for any loan.
- > Students must reapply for education grants each school year.
- Frant payments are sent directly to the school only after <u>ALL</u> the following paperwork is completed: Grant application, Financial Needs Analysis, a copy of student's class schedule, and Karuk Tribal enrollment verification.



HIGHER EDUCATION GRANT CHECKLIST

The following items 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 |
|---------------------------|---|
| | KARUK COLLEGE STUDENT SURVEY |
| | PRIVACY ACT STATEMENT WAIVER |
| | KARUK TRIBAL ENROLLMENT VERIFICATION (Copy of Tribal ID or CIB from Karuk Tribal Enrollment Department) |
| | UNOFFICIAL TRANSCRIPT (If you attended college last year) |
| | FINANCIAL NEEDS ANALYSIS (Included with this packet) |
| | CLASS SCHEDULE OR PROOF OF FULL-TIME ENROLLMENT |
| | Karuk Education Department calls all colleges to confirm the validity of Unofficial ascripts. Fraudulence will result in an ineligibility status. |
| and awa sche you | polication, survey, waiver, verification, and transcript must be completed postmarked on or before <u>July 30, 2010</u> to be considered for a grant and for the 2010-2011 school year. The financial needs analysis and class edule will be accepted postmarked no later than <u>September 30, 2010</u> if r college cannot send it postmarked by the July 30 th deadline. <u>FUNDING NNOT BE GRANTED UNTIL ALL ITEMS ARE RECEIVED.</u> |
| | se contact Emilio Tripp, the Education Coordinator if you need any further assistance 800-50-KARUK ex. 2034 or 530-493-1600 ex. 2034. |
| Mai | l completed application packets to: Karuk Tribe of California |

Education Department

Happy Camp, CA 96039

P.O. Box 1016



2010-2011 Karuk Tribe Higher Education Grant Application

| Last | First | | Middle Initial |
|---|-------------------------|--------------------------|-----------------------------------|
| Address: | | | whole mida |
| Street or PC Permanent/Alternate/Summer M | | | City/State/Zip |
| Home Telephone #: () | | Work or Cell #:_(|) |
| E-Mail Address: | | Subscribe to schola | arship mailing list? Y/N |
| Karuk Tribal Enrollment Numb | er: | Date of Birth: / / | Sex: M/F |
| SS# | Marital Statu | ns: Single Married | Divorced Separated |
| No. of Dependents: | Are you a Veterai | n? Y/N State | e of Residency: |
| Name/City/State of High Schoo | 1: | | |
| Type of High School: BIA Tr | ribal Private Mission | Public GED | |
| High School graduation/GED D | vate (m/y):/ | | |
| Name & Address of College Se | lected: | | |
| College Major: | | Expected Date of Grad | luation (m/y):/ |
| Career Goals/Interest: | | | |
| Are you interested in pursuing y | our career goals within | the Karuk ancestral area | ? Y/N/Maybe |
| Degree: AA AS BA | BS Other | er: | |
| Year in College: Freshman Se | ophomore Junior Seni | ior Graduate C | Overall GPA |
| I will be living: On Campus (| Off Campus With parer | nts | |
| Have you received the Higher E | ducation grant before? | Y / N (*Remember the | re is a six-year recipient limit) |
| If yes what school year(s) (y/y)? | ? | | |
| Do you plan on attending gradu | ate school? Y/N | | |
| Is their a Native American supp | ort group or program on | your college campus? | Y / N / Unsure |
| Are you interested in sharing yo believe in themselves to attain of | | | nspire Karuk youth to |



Please complete this survey to help the Karuk Education Department move in an effective direction to meet the needs of our Karuk college students. Thank you so much for your highly valued time and input. We are very proud of you, your goals and your achievements. In making the choice and taking the initiative to get a college education, you have completed a step that will encourage more of our people to follow your lead. Thank you very much.

| As a Karuk college student what is your greatest obstacle for obtaining your college degree? |
|---|
| |
| What are your plans for after graduation and how do plan on utilizing your degree? |
| |
| What kinds of things do you think we can do to encourage youth and other Karuk tribal people to get an education? |
| |
| What would you suggest the tribe do to identify and to create more opportunities for college graduates who wish to return to the Karuk aboriginal territory to live and to use their education to benefit the local tribal community? |
| |
| What other ideas do you have about the kinds of things the Karuk Tribe could do to help you and our tribal people in getting a college education? |
| |
| |



Privacy Act Statement Waiver

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 be 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 Karuk Education Department at the end of each semester. I give full permission to the Karuk Tribal Education Department to verify my enrollment, registration, grades and transcripts from all colleges I am currently enrolled in and those that I have previously attended.

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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.

| NAME: | | | | |
|-----------------|----------|----------------|-----------|--------------------|
| SS#: | | DATE: | | |
| BUDGET PERIOD: | FROM: | TO: | WHICH V | VILL START ON: |
| COLLEGE BUDGET | : | RESOURCES: | CAMPUS BA | SED AND OTHER AID |
| TUITION FEES | \$ \$ | PARENT CONTRI | BUTION \$ | SEOG \$ PELL \$ |
| BOOKS/SUPPLIES | \$ | VETERANS BENE | EFITS \$ | NDSL \$ |
| ROOM | \$ | AFDC/WELFARE | \$ | CWS \$ |
| BOARD | \$ | SOCIAL SECURI | ΓΥ \$ | SUG \$ |
| TRANSPORTATION | \$ | STATE (INDIAN) | \$ | EOPS \$ |
| PERSONAL | \$ | VOC. REHABILIT | TATION \$ | GSL \$ |
| CHILD CARE | \$ | OTHER | \$ | CAL \$ |
| OTHER | \$ | | | OTHER \$ |
| TOTAL: | \$ | TOTAL: | \$ | TOTAL \$ |
| WE RECOMMEND | A STUDE | NT AWARD OF: | \$ | |
| SIGNATURE: | | | | |
| FIN | DAT | | | |
| | | | Telep | ohone # |
| COLLEGE OR SCHO | OL: | | | |
| ADDRESS: | | | | |
| | | STER OHARTE | | LED ULTIED |