



## The Confederated Tribes of the Grand Ronde Community of Oregon

Education Division  
(503) 879-2275 • FAX (503) 879-2286  
1-800-422-0232 Ext. 2275

9615 Grand Ronde Road  
Grand Ronde, OR 97347

Umpqua • Molalla • Rogue River • Kalapuya • Chasta

### NONCREDIT PROGRAM APPLICATION

The purpose of the Noncredit Program is to assist enrolled members of the Confederated Tribes of Grand Ronde in obtaining noncredit training for employment related skill development and training, cultural enrichment, and personal and professional development through classroom instruction, seminars, workshops, conferences, apprenticeships, certification or licensing programs, and accredited vocational colleges and universities. All educational institutions and training programs are subject to review by the Education Division prior to the approval of Noncredit Grant awards.

A completed Noncredit Program application must contain the following:

- \_\_\_1) A copy of the applicant's High School Diploma, General Equivalency Degree (GED), or official transcripts displaying graduation date if the applicant is 17. Otherwise proof of age is required (18 minimum).
- \_\_\_2) A copy of the applicant's Social Security Card.
- \_\_\_3) A copy of Tribal Enrollment verification from the CTGR enrollment office.
- \_\_\_4) Copy of course schedule / class invoice for the upcoming training. Invoice must be from the training institute and must clearly identify the cost of the class and required supplies.
- \_\_\_5) A signed Education Division Application. (Page 2)
- \_\_\_6) A signed Release of Information form. (Page 3)
- \_\_\_7) A signed Noncredit Grant Agreement form. (Page 4)

Additional Noncredit Program applications may be obtained by contacting the Grand Ronde Education Division at:

9615 Grand Ronde Rd  
Grand Ronde, OR 97347  
800-422-0232  
[www.grandronde.org](http://www.grandronde.org)

# NONCREDIT PROGRAM APPLICATION

## I. Applicant Information

Name:

\_\_\_\_\_  
Last First Middle Maiden/Former

Mailing Address:

\_\_\_\_\_  
City: State: Zip:

\_\_\_\_\_  
Telephone: Message: Email:

\_\_\_\_\_  
Social Security #: Tribal Enrollment #: Date of Birth:

\_\_\_\_\_  
Education Completed (Graduation Year): (\_\_\_\_\_) High School (\_\_\_\_\_) GED (\_\_\_\_\_) Neither

## II. Education Information

\_\_\_\_\_  
Name of College or Academic Institute:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
City: State: Zip:

\_\_\_\_\_  
Telephone: Fax:

\_\_\_\_\_  
Intended Degree/Program: Start Date:

\_\_\_\_\_  
Length of Program & Operating System: Terms: Semesters: Months:

\_\_\_\_\_  
Have you been accepted for admission? Y / N Start Date: Est. Completion:

## III. CTGR Education Division Information

Have you previously received assistance through the Tribal Education Division or are you currently receiving assistance from a CTGR program? YES / NO If yes, please list the type, year, and amount:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any debt to a CTGR Education program? YES / NO If yes, what is the debt and amount?

\_\_\_\_\_  
\_\_\_\_\_

Are there any limitations that would interfere with successful completion of the program? YES / NO  
If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

**Date**

In signing I certify that the information I have provided in this application is true, complete, and accurate. I further understand that providing fraudulent information will subject this application to rejection and may affect any future funding eligibility.

# NONCREDIT PROGRAM APPLICATION

## RELEASE OF INFORMATION

The Confederated Tribes of Grand Ronde Education Division uses this authorization and the information obtained with it to administer and evaluate funding eligibility for its programs.

### **AUTHORIZATION:**

I \_\_\_\_\_ do hereby authorize the release of any and all information regarding my case file as it relates to the eligibility / application for assistance from the Confederated Tribes of the Grand Ronde Community of Oregon, Education Division. This authorization includes and is limited to the following:

- Grade Reports, Transcripts, Progress Reports, and Updates
- Attendance Verification and Program Awards
- Financial Aid, Budget Summaries, Resources, and Scholarship Awards
- Personal Reports regarding program participation and/or requirements.

In addition, my signature allows the Tribal Education Division to release my case file information to the following agency / institution / person:

- Institute of Attendance
- Grand Ronde Tribal Housing Authority
- CTGR Member Benefits
- Other: (please list)

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I agree that photocopies of this authorization may be used for the purpose stated above.

### **MY RIGHTS:**

I understand this authorization is voluntary and that I may revoke this authorization at any time, provided I do so in writing and submit it to CTGR Education, 9615 Grand Ronde Road, Grand Ronde, OR. 97347. The revocation will take effect when CTGR Education received it, except to the extent that action has been taken in reliance on this authorization.

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Signature of Release

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Social Security Number

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Date

**NONCREDIT PROGRAM APPLICATION**

**FUNDING ACCEPTANCE AGREEMENT**

It is my intention to attend the academic institution, college, or program indicated on this application. I agree to follow all the rules, regulations, and attendance requirements of the school or program and to the best of my ability I will satisfactorily complete the courses which I have selected.

I further agree that the funds issued for training purposes will be used for such purpose or repayment will be required. I understand that if I withdraw before the quarter, term, semester, or grading period is over for any reason, I may be required to refund the Tribal Education Program the Tribal Grant award advanced to me before I qualify for any further Tribal Grant awards.

I agree that I will provide grade reports regarding my progress, give updated address information, and furnish other information as requested by the Education Program in a timely manner. I am required to maintain an equivalent "C" status as defined by my educational / vocational / training institute, per term, semester, or grading period for successful completion of the Noncredit Program funded training / educational activity. I further understand that if I do not maintain these requirements I may be held responsible for repayment of the Noncredit Program award.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature by CTGR Education Program Official Date