



## 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

### PART-TIME COLLEGE PROGRAM

#### APPLICATION

The Grand Ronde Education Division administers education and training programs that are designed to assist tribal members in obtaining educational training that will lead to employment opportunities. The Part Time College (PTC) program is intended to:

- ✦ Provide educational opportunities to individuals who take classes at accredited non-profit colleges and universities..
- ✦ Provide educational opportunities to individuals who apply to a degree program as they work towards completion on a part-time attendance basis.
- ✦ Provide funding for tuition, fees, books and supplies per applicant not to exceed the following: for Two-year/Community College students: \$1,600 per quarter or \$2,400 per semester, not to exceed \$4,800 per academic year. And Four-year/University students: \$2,400 per quarter or \$3,600 per semester, not to exceed \$7,200 per academic year. And for Graduate (500-level and higher coursework) students: \$3,200 per quarter or \$4,800 per semester, not to exceed \$9,600 per academic year. Additional funding is available to support summer session coursework (\$1,600 at two-year school, \$2,400 at four-year universities, and \$3,200 for graduate students).

Individuals can attend classes/training in the classroom, individualized study, telecourses on videotape, online courses, television cable classes, or other methods as approved by the Education Division.

The following documents **must** be included with an individual's completed application to be considered for funding:

- Copy of Tribal Enrollment verification from CTGR enrollment office
- Copy of Admissions or Enrollment in an accredited program
- Proof of Age: ID Card, Driver's License, or Birth Certificate
- Signed Release of Information form (in application packet)
- Signed Funding Acceptance Agreement (in application packet)
- Copy of High school Diploma or GED completion

Should you have questions concerning this application packet, please contact the Part Time College Program Coordinator at 503-879-4591.

***Please return completed application and verifications to:***

**Confederated Tribes of Grand Ronde  
Part-time College Program, Education Division  
9615 Grand Ronde Road  
Grand Ronde, Oregon 97347**



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**PART-TIME COLLEGE PROGRAM**

**APPLICATION**

*The information in this application is being collected to determine eligibility for participation in the Education Division's Part-time College program. The applicant must provide the required information for consideration of the application. Incomplete information and/or false statements will subject this application to rejection for this program. Incomplete applications will not be accepted and will be returned to the applicant for completion.*

**A. APPLICANT INFORMATION**

1. Name \_\_\_\_\_  
Last First Middle Maiden Name (if any)

2. Address \_\_\_\_\_

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

3. Phone #: Home ( ) \_\_\_\_\_ Bus/Msg ( ) \_\_\_\_\_

4. Email address \_\_\_\_\_

5. SSN # \_\_\_\_\_ 6. Enrollment # \_\_\_\_\_ 7. Date of Birth \_\_\_\_\_

8. Do you have any unpaid debts owing to any program funded through the Confederated Tribes of Grand Ronde or the Grand Ronde Tribal Housing Authority? \_\_\_\_\_ If so, what is the debt and amount owing? \_\_\_\_\_

9. Have you ever received any assistance through the Confederated Tribes of Grand Ronde Education Division? \_\_\_\_\_ If so, list type of assistance, year, and amount.

**B. EDUCATION INFORMATION:**

High School Attended \_\_\_\_\_

Do you have:  High School Diploma  GED  Neither  
(provide a copy with your application)

Name of School You Wish To Attend: \_\_\_\_\_

School Address: \_\_\_\_\_ Student ID # \_\_\_\_\_

School Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Have You Been Accepted For Admission:  Yes  No

Certificate, License, Or Degree You Plan To Earn: \_\_\_\_\_

\_\_\_\_\_

Start Date: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

Do You Have Limitations That Would Interfere With Your Successful Completion Of Program Or Degree? Yes  No  If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

Courses You Plan To Enroll In \_\_\_\_\_

\_\_\_\_\_

Please Check One: College Graduate  College Undergraduate

**REASON FOR ENROLLMENT**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I, the undersigned applicant, certify that I am 18 years of age or older and that the foregoing information is true, complete and accurate to the best of my knowledge.**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**All applicants are responsible for keeping the information in their application current.**

**This application is subject to current eligibility requirements and availability of funding at the time of selection for program participation.**



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**PART-TIME COLLEGE PROGRAM**

**FUNDING ACCEPTANCE AGREEMENT**

To be signed by the student prior to receiving financial assistance.

I, \_\_\_\_\_ do hereby agree to attend a school / training program, to follow all rules, regulations and attendance requirements of the school and to the best of my ability will satisfactorily complete the course work I have selected. I further agree that the funds issued to me for educational purposes will be used for such purposes.

I agree to give evidence of progress by providing grade reports or progress evaluations from the institution at the conclusion of each term / semester / program. I understand that I am required to be enrolled in an accredited institution or program. I further understand that I will be required to demonstrate satisfactory academic progress by achieving a minimum grade of a "C" **per course**, or equivalent satisfactory progress as established by the educational institution.

**I understand that if I withdraw before the quarter / semester is over, if I do not maintain the satisfactory academic progress per course, or if I do not provide the Education Division with evidence of my progress, I will be required to reimburse the Tribal Education Division for the funding advanced to me and that I will not qualify for any further tribal funding until I have reimbursed the Education Division in full.**

I understand that funding received may be taxable and thus reportable to the Internal Revenue Service.

I the undersigned have read, understand, and agree to abide by the terms and conditions of this Funding Acceptance Agreement.

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Print Name

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Signature of Student

Date

Tribal Roll Number



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**PART TIME COLLEGE PROGRAM**

**RELEASE OF INFORMATION**

**PURPOSE:** The Confederated Tribes of Grand Ronde Education Division uses this authorization and the information obtained with it to administer and determine eligibility for education programs.

To Whom It May Concern:

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, but is not limited to, the following:

- \* Grade Reports and Transcripts; Progress Reports / Updates
- \* Attendance Verification
- \* Financial Aid Transcripts, Budget Summaries, Program Awards
- \* Personal Reports regarding program participation and / or requirements

This information is permitted to be released to: The Confederated Tribes of Grand Ronde Community of Oregon, Education Division.

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

I agree that photocopies of this authorization may be used for the purpose stated above. If I fail to sign this authorization, I understand that this action may constitute grounds for denial or termination of assistance.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
SSN #