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
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.
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.

________________________________________________________________________________________

Print Name

______________________  ______________  ______________  ______________
Signature of Student     Date               Tribal Roll Number
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 #