



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 purpose of this program is to assist members of the Confederated Tribes of Grand Ronde while attending post-secondary schooling, generally on a part-time basis, at accredited non-profit colleges and universities. All educational institutions are subject to review and approval by the Education Division prior to providing funding for Tribal member participation.

Qualified applicants are eligible for funding based on their school of attendance and enrollment level, funding can be awarded for tuition, fees, books and supplies not to exceed the following amounts:

- Two-year/Community College students: \$1,600 per quarter or \$2,400 per semester.
- Four-year/University students: \$2,400 per quarter or \$3,600 per semester.
- Graduate (500-level and higher coursework) students: \$3,200 per quarter or \$4,800 per semester.

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
- 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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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 () _____ Cell #: () _____

4. Email address _____

5. Enrollment # _____ 6. Date of Birth _____

8. Do you have any unpaid debts owing to any Education Program funded through the Confederated Tribes of Grand Ronde? _____ 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: _____

Please Check One: College Undergraduate Program College Graduate Program

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 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 term**, 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 term/semester, 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 all funding awarded 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



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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 #