



The Confederated Tribes of the Grand Ronde Community of Oregon

Education Division – Higher Education Programs
(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

FULL TIME COLLEGE APPLICATION

The Confederated Tribes of Grand Ronde Education Division administers a Full Time College Program that provides funding to Grand Ronde Tribal members pursuing a Vocational Degree or Certificate, Associate, Bachelor, or Graduate Degree on a **full time** basis from a nonprofit regionally accredited institution (see Full Time College Program policy for a list of approved regional accrediting agencies). All educational institutions are subject to review and approval by the Education Division prior to providing funding for Tribal member participation.

Please Check One of the Following:

- ☐ Vocational Degree/Certificate or Associate Degree
- ☐ Bachelor Degree or Graduate Degree

The program funding limits are as follows:

- Vocational or Technical College/Institute or Community College
\$2,400 per term or \$3,600 per semester
- 4 year College or University (bachelor degree) \$4,000 per quarter or \$6,000 per semester
- Graduate Level \$6,000 per quarter or \$9,000 per semester

Completed applications must be received at the Education Division office at least **30 days** before the beginning of the quarter/semester for which you are requesting funding. You can submit your application before you are registered for classes.

The following documents **must** be received by the deadline date along with the completed application to be considered for funding:

- ____ Copy of CTGR Tribal Enrollment Card/Certificate of Indian Blood (CIB)
- ____ Copy of High School Diploma, GED Completion, or College Degree
- ____ Signed Funding Acceptance Agreement (page 4)
- ____ Educational Goals (page 5)
- ____ Signed Authorization for Release of Information (page 7)
- ____ Copy of Schedule for the Quarter/Semester you will be attending (PDF format)

Please return completed application and verifications to:

The Confederated Tribes of Grand Ronde
Higher Education Programs
9615 Grand Ronde Road
Grand Ronde, OR 97347

Or by email at highereducation@grandronde.org All emailed documents a **required** to be submitted in a Adobe PDF format.

Please contact the Higher Education Programs at 800-422-0232 x2275 if you any questions about this application or the Full Time College Program.

FULL TIME COLLEGE APPLICATION

Please Check One of the Following:

- ☐ Vocational Degree/Certificate or Associate Degree
- ☐ Bachelor Degree or Graduate Degree

The information in this application is being collected to determine eligibility for participation in the Higher Education Programs Full 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.

A. APPLICANT INFORMATION

1. Name _____
Last First Middle Maiden Name (if any)

2. Mailing Address: _____

(City) (State) (Zip)

3. Phone #: Home () _____ Cell () _____

4. E-mail Address: _____

Would you like to receive information, education events, program updates, and scholarship opportunities by email? ____ Yes ____ No

5. Last 4 digits SSN # _____ Enrollment # _____ Date of Birth _____

6. Student ID# _____

7. Do you have any unpaid debts owing to any Education Division program? _____ If yes, what is the debt and the amount owed? _____

8. Have you ever received any assistance through the Confederated Tribes of Grand Ronde Education Division? _____ If yes, list the type of assistance and year. _____

9. Are you receiving assistance towards your education from any other Tribal program? _____ If yes, list the program, caseworker, and amount _____

B. EDUCATION INFORMATION:

1. Do you have: ☐ High School Diploma ☐ GED Year Completed _____
(Provide a copy with your application)

2. Name of College You Wish To Attend: _____

3. College Accreditation Agency: _____
(see accreditation section in the Full Time Program policy for an approved listing of regional accrediting agencies)

4. College Financial Aid Address: _____

5. College Financial Aid Phone #: _____ Fax #: _____

6. Have You Been Accepted For Admission: ☐ Yes ☐ No ☐ Pending
(Provide documentation with your application)

7. Entry Quarter/Semester I will be a: ____ 1st year ____ 2nd year ____ 3rd year ____ 4th year

8. Program of Study: _____

10. Start Date: _____ Expected Completion Date: _____

11. Operating System of the College: ☐ Quarter ☐ Semester ☐ Other

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

Applicant's Signature

Date

FULL TIME COLLEGE APPLICATION

FUNDING ACCEPTANCE AGREEMENT

Initial each section after reading.

_____ To the best of my ability I 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 that I will provide **grade reports** regarding my progress at the end of each quarter/semester. I will also provide a **class schedule** at the beginning of each quarter/semester I will be attending. Students are required to submit an **Official Transcript** at the conclusion of their degree program or their final quarter/semester of funding. Staff may request a student to submit an Official Transcript at **any time** and for any reason.

_____ All documents submitted via email are **REQUIRED** to be submitted in a Adobe PDF format.

_____ I understand that I am required to be enrolled **FULL TIME** and earn a **minimum of 12 credit** hours, or meet full time status per institutional standard. Graduate students must meet enrollment status as **FULL TIME** as set by the institution. Students must earn an equivalent to a **minimum 2.0 Grade Point Average (GPA)** per Term / Semester. I understand that if I do not meet the minimum academic requirements it will affect my funding.

_____ I understand that 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 I will not qualify for any further Tribal Education funding until I have reimbursed the Education Division in full.

_____ I understand that if I do not enroll, withdraw before the term / semester is over for any reason, drop out or receive a 0.0 GPA and/or 0 credits, for the grading period I will be required to **REIMBURSE** all awarded funds and I will not be eligible for additional funding until the amount is paid in full.

_____ Funding received may be taxable and thus reportable to the Internal Revenue Service. (School of attendance will send notification should this be that case.)

_____ I agree to apply for the FAFSA (Free Application for Federal Student Aid) each year that I receive assistance.

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

Print Name

Tribal Roll Number

Signature of Student

Date

FULL TIME COLLEGE APPLICATION

EDUCATIONAL GOALS

Short Answer Essay (attach additional sheets if necessary)

*Information provided will not affect your application for funding.

1. Please list your intended college major and why you chose it. _____

2. How many credits do you need to complete your degree? _____

3. How many credits will you have to take per term/semester to complete your degree?

4. Have you met with an academic Advisor at your college to discuss your educational goals? _____ If yes, list name and contact information of the advisor. If not, why not?

5. What kind of academic support services does your college provide to students?

(example: TRIO, Educational Opportunities Program (EOP), Tutoring Center, Indian Education/Multicultural Office)_____

EDUCATIONAL GOALS (continued)

6. What will you do to make sure you can meet the academic requirements of the program (earn at least a 2.0 GPA and 12 undergraduate or 9 graduate credits each term/semester)?

7. What is the total cost of attendance at your college for one academic year? (tuition, fees, books and supplies, room and board, transportation, personal/miscellaneous, childcare) How will you pay for it? _____

8. What are your short-term and long term career goals? _____

9. Do you anticipate working for the Confederated Tribes of Grand Ronde **or** Spirit Mountain Casino upon completion of your degree program? _____ Please

Explain: _____ (your answer will not affect your funding this is for statistical data only)

FULL TIME COLLEGE APPLICATION
AUTHORIZATION FOR RELEASE OF INFORMATION

The Confederated Tribes of Grand Ronde Education Department uses this authorization and the information obtained with it to administer and evaluate funding eligibility for its Full Time College 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:

- CTGR Social Services
- Institute of Attendance
- Grand Ronde Tribal Housing Authority
- CTGR Member Benefits
- Other:(if you want your **PARENTS** to receive this information you will need to list them here) _____

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.

Student Signature

Tribal Roll Number

Date

FULL TIME COLLEGE APPLICATION

POLICY ACKNOWLEDGEMENT FORM

I _____, have received and read a copy of the
(Print name)
Confederated Tribes of Grand Ronde Higher Education Programs Full Time College Program Policy, which outlines the terms and conditions of the program as well as my responsibilities. I understand that if I do not fulfill the terms and conditions of the Full Time College Program Policy that I may be required to repay all funding that I have received towards my education. I agree to provide grades at the conclusion of each term/semester, and to provide class schedules at the beginning of each term/semester. I understand that if I fail to provide the required information that my funding may be delayed or canceled.

I have familiarized myself with the contents of the Full Time College Program Policy. By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in the Full Time College Program Policy.

Roll Number _____

Student Signature

Date