<div align="center">Confederated Tribes of Grand Ronde

Youth Education Program

<mark>K-12 Private School Funding Program</mark></div>

Section 1: General Purpose

The purpose of the Private School Funding Program is to provide matching grants to assist Tribal members with matching funds to pay for Private School tuition costs for K-12 students that are enrolled members of the Confederated Tribes of Grand Ronde. The grants will not be based on income.

Section 2: Eligibility Requirements

K-12 Private School Matching Grants may be awarded and applied toward tuition for Private Schooling for Tribal members under the following conditions:

1. Applicant Eligibility Requirements:
   a. Applicant's child must be enrolled in a K-12 Private School;
   b. Applicant's child must be an enrolled member of the Confederated Tribes of Grand Ronde;
   c. Applicant and child must be in good standing with the Tribe's Debt Collection Ordinance; and
   d. Applicant's child must have a Grade Point Average (GPA) of 2.5 or better and be on track to graduate.

Section 3: Terms and Conditions

1. Grant Applicants must be the child's parent or legal guardian.
2. K-12 Private School Matching Grants may be awarded as follows:
   Grades 9th-12th - Up to $1500 per child, per academic year
   Grades K-8th – Up to $600 per child, per academic year
3. Grants will be processed in order of receipt until all Program Funds have been expended for the calendar year.
4. Applicant is required to contribute a dollar for dollar match to receive any funds through the program. For example, if tuition expenses total $400 for the academic year, the applicant must pay $200 and apply for a Private School Matching Grant for $200.
5. Payment will be made directly to the educational institution. Applicant must provide documentation showing payment of the required match.
6. The child must maintain a minimum of a 2.5 GPA and be on track to graduate to continue receiving funding each academic year. Applicant must provide documentation each academic year.

7. The program has open enrollment (can be accessed at any time throughout the year, however applications must be *received* by the Youth Education Department no later than the first Friday in December to allows enough time for the application to be processed and payment issued within the same calendar year. Any application received after the first week in December will be applied toward the next calendar year based on funding availability.

CTGR YED General Funding Application

I am requesting funding from:

        Youth Sponsorship Program   Private School Grant Program   Academic Support Funding Program

Student Information

Student's Name _____

CTGR Enrollment # _____   Date of Birth _____

Home Phone #_____   Work Phone # _____

Cell Phone # _____   Email Address _____

Mailing Address: _____

City _____   State _____   Zip Code _____

Name, Address, and Telephone Number of School

_____   Grade:_____

Purpose of Sponsorship/Grant.Funding?

_____

Vendor Information

Check payable to _____

Vendor Address

_____

Vendor Phone #: _____   Amount Requested $_____

Completed Application Checklist:

    Application filled out completely and signed by parent/guardian   Verification of School Enrollment
    Program/Vendor Information (Cost, Address, etc...)   Verification of Tribal Employment
    Completed W-9 Form
    Documentation of personal payment matched (Specifically for Academic or Private School funding)
    Documentation of current 2.5 GPA & on track to graduate (Specifically for Private School Funding)

By signing below, I agree that all information provided is correct and accurate and that any false information provided is grounds for denial of funding. I understand that my application is not guaranteed to be accepted. I understand that it is my responsibility to obtain and provide all necessary documentation both to the Youth Education Department as well as the vendor of services.

_____   _____
Parent or Guardian Signature   Date Signed

Please contact CTGR Youth Education Program at 503-879-2101 or 1-800-422-0232 X-2101 with questions.

For Office use:

Received by YED Staff: _____   ☐ Approved   ☐ Not approved If not approved, why _____

Parent/Guardian notified Date: _____   **If Approved:**   Date Mailed to Vendor/Parent/guardian _____   Check Number _____