

NOOKSACK TRIBE

Higher Education Assistance Application

SUBMIT **ORIGINAL** APPLICATION AND ATTACHMENTS
TO:

Nooksack Indian Tribe
Education Department
Post Office Box 157
Deming, Wa 98244

(360) 966-9696

FAXED APPLICATIONS WILL NOT BE ACCEPTED

Nooksack Indian Tribe Higher Education Assistance

The Nooksack Indian Tribe was federally recognized on September 17, 1971. Education and the social welfare of the Nooksack Tribal Members are vital to the cultural and economic self-sufficiency of the Nooksack Indian Tribe.

The purpose of the Nooksack Education Department is to:

- Support and conduct culturally oriented research, education and informational activities critical to the perpetuation of our Nooksack Tribal Identity and economic Self Sufficiency as a Sovereign Nation.
- Combat crime and to protect the community members within the Tribal jurisdiction; and
- Supplement all necessary existing and future Tribal Programs and Services requisite to sustaining our Treaty and Constitutional Rights

The Nooksack Tribal Council recognizes that one of the keys to achievement of these goals is the development of well-trained technical persons who have an interest in one of the many fields of study related to their own well-being, cultural and economic self-sufficiency. The Nooksack Indian Tribal Council is instrumental in providing higher education assistance to their enrolled tribal members.

Higher Education Assistance

The Bureau of Indian Affairs receives funds appropriated by Congress to provide assistance to enrolled tribal members. In part, the Nooksack tribal Council will supplement the budget to support tribal members who are enrolled in higher education.

Minimum Criteria

1. Applicants must be enrolled tribal members of the Nooksack Indian Tribe.
2. Must be attending an accredited institution of higher education.
3. Reside within the exterior boundaries of the Nooksack Indian Tribe under the jurisdiction of the Bureau of Indian Affairs or on trust or restricted lands under the jurisdiction of the Bureau of Indian Affairs.
4. Applicants must have a minimum cumulative grade point average of 2.5 and be in continued good standing according to the financial aid office of their respective institution.
5. Must be Financial Aid eligible with an unmet need based on their Financial Analysis.

First time students must be recommended by a faculty member or employer.

Nooksack Tribe Higher Education

Academic Year _____

Application Checklist

The applicant must complete and forward this sheet with the application and required documents.
Please check the appropriate box for each document which is enclosed

Applicants name	Anticipated Degree/Major
Social Security Number/Student Number	College Attending
Address	Phone

Have you ever received Nooksack Higher Education Assistance? ___ Yes ___ No
If "Yes" please indicate the school attended and the year.

Type of application: ___ New ___ Continuing ___ Associate ___ Bachelor ___ Graduate ___ Post

APPLICANT CHECKLIST

New Continuing

- | | | |
|--|--------------------------|--------------------------|
| 1. Application Form (continuation students – data sheet) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Student Essay (form attached) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Two Faculty/Employer evaluations(forms attached) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Tribal Enrollment Verification (form attached) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Release of Confidential Information (form attached) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Attach Official School/College Transcripts | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Accumulative GPA/Degree Evaluation | | |
| 7. Complete a Financial Aid Application online | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Attach Financial Aid Award Letter | | |
| 8. Proof of Application to College Admissions Office | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Letter of Acceptance to College – Applicable to continuing Students who are Transferring schools, changing enrollment Status or changing disciplines). | | |
| 9. Financial Needs Analysis – | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Have Schools Financial Aid Office fill out this form | | |

I verify the application is complete

Signature

Date

DATE APPLICATION RECEIVED	TIME	RECEIVED BY
---------------------------	------	-------------

NOOKSACK TRIBE EDUCATION DEPARTMENT
Higher Education Assistance Application
JOURNEY BEYOND WORKING PATHS

Return completed application to:
P.O. Box 157 Deming, WA 98244
5604 Mission Rd, Bellingham, Wa 98226
(360) 966-9696 - FAX (360) 966-2944

APPLICANT INFORMATION

Full Legal Name: _____

Former Name (s): if you changed your first or last name, please indicate your full former name(s).

Email Address: _____

Current Mailing Address: _____

Home Phone: _____ Cell Phone _____ Other # _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____

Phone _____ Cell Phone: _____

ACADEMIC HISTORY

High School Graduate: ____ Yes/Date: _____ ____ No GED: ____ Yes/Date: _____ ____ No

Have you taken a --
____ Placement Test ____ Compass test ____ Accuplacer ____ Other _____

Place taken _____

Note: you must submit a copy of your high school diploma or GED AND placement test scores to the Education Department.

Name of High School Attended: _____

Address of High School Attended: _____

Please list all colleges previously attended. Please send official transcripts directly to the Education Department.

College/University	Address	Date Attended	Degree earned

PERSONAL INFORMATION

Date of Birth: _____ Social Security Number: _____

Are you a US citizen? ____ Yes ____ No - If NO /country of citizenship: _____

Are you a US Veteran? ____ Yes ____ No - If YES separation date: _____

Marital Status: ____ Single ____ Married ____ Separated ____ Divorced ____ Widow / ____ M ____ F
(Gender)

Tribe Enrolled In: _____
 ____ Married to Nooksack ____ Support Nooksack Children ____ Reside in Nooksack Tribe ____ Other

STATISTICAL INFORMATION

First time college student (first time attending any college or university?) ____ Yes ____ No

First generation college student (first in your family to attend college?) ____ Yes ____ No

Which describes you best?

- | | |
|---|---------------------------------------|
| ____ Single with no dependent children | ____ Single with dependent children |
| ____ Married with no dependent children | ____ Married with dependent children |
| ____ Displaced homemaker | ____ Person with Disabilities |
| ____ Economic Disadvantage (poverty) | ____ Person with Educational Barriers |

Are you responsible for elder family members in your home? ____ Yes ____ No

Number of Dependents and ages: _____

Do you need childcare? ____ Yes ____ No

Do you live in one of the Nooksack Tribe Housing sites?

If so which one? _____ If not: ____ Off Reservation ____ Other

Do you plan on being employed while taking classes? (not including work study)

____ Yes, less than 20 hours per week ____ No / ____ Yes, more than 20 hours per week ____ No

Do you intend to transfer to a four year college upon completion of the program? Yes No

Are you interested in talking with a military recruiter? Yes No Maybe

How did you hear about the Higher Ed Program? Cultural Event Community Breakfast Snee-Nee-Chum Website Family/Friend Conference/Information Fair Other _____

Do you have any health problems(s) or physical conditions that would impede your student success?
 Yes No Please Explain _____

Note: Documentation for disability is required if accommodations are requested.

EDUCATIONAL GOALS

Have you received services from the Nooksack Education Department before? Yes No

Quarter and year you plan to enroll in College:
 Fall Winter Spring Summer Year: _____

Where do you intend to register:
 Bellingham Technical College Whatcom Community College Northwest Indian College
 Other _____

What is your educational goal?
 Business Administration Construction/Architecture Hospitality and Tourism Health
 Other _____

What other services do you need?
 Personal Enrichment GED ABE/improve basic skills Credit Retrieval Tutoring
 Explore Career Direction Computer skills or Keyboarding Other _____

SIGN AND RETURN

Return this signed Application to the Education Department and complete all required Financial Aid paperwork before the quarter you intend take begins.

I certify that, to the best of my knowledge, all statements I have made in this application are complete and true and I agree to abide by the Higher Education Student Handbook Policies.

Signature _____ Date _____

Nooksack Tribe Education

P.O. Box 157 - Deming, Wa 98244 / 5604 Mission Rd. Bellingham, Wa 98226

(360) 966-9696 - FAX : (360) 966-2944

Faculty/Employer Evaluation

Student's Name	Social Security Number/Student Number
College/University/School	Degree Major

The student identified above is applying to receive Higher education funds. The information on this form is requested as part of the selection of the individuals for scholarships, consideration will be given to faculty or employer recommendations.

PLEASE RETURN COMPLETED FORM TO APPLICANT

- How do you rate the education/work achievement of this applicant?
 5 Outstanding 4 Above Average 3 Average 2 Below Average Needs Improvement
- Based on this applicant's personal, emotional, ethnical attributes, how do you rate his/her overall leadership skills.
 5 Outstanding 4 Above Average 3 Average 2 Below Average Needs Improvement
- How do you rate this applicant's relationship with other people? Consider such things as collaboration, teamwork and working relationships.
 5 Outstanding 4 Above Average 3 Average 2 Below Average Needs Improvement
- How would you rate this applicant's work ethics or academic merit?
 5 Outstanding 4 Above Average 3 Average 2 Below Average Needs Improvement
- How would you rate the applicants ability in handling new situations or challenges.
 5 Outstanding 4 Above Average 3 Average 2 Below Average Needs Improvement

Please provide written comments regarding leadership skills and capabilities: (attach an additional sheet of paper if necessary).

How long have you known this applicant? _____

Relationship to applicant: Educational Community Employment Church Extracurricular Other

Printed Name: _____	Signature: _____	Date: _____
Title: _____	Employer _____	Address/Phone: _____

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Request For Tribal Certification Release Form

Full Name of Tribal Member _____
Last First M.I.

Current Mailing Address _____
Street/P.O. Box City State Zip

Social Security # : _____ Male _____ Female _____

Date of Birth : _____ Place of Birth : _____
Month/Date/Year City State

Request Statement

By signing below, I understand that the information obtained on the above named person will be used for the agencies enrollment verification purposes only and will be kept in strict confidence of the agency and department named below:

Signature of Agency Representative: _____ Date: _____

Release Statement

I hereby, give permission to the _____ Enrollment Department to release information regarding my enrollment. (Tribe)

Name of Agency: Nooksack Indian Tribe Department: Education

Mailing Address: P.O. Box 157 Deming Wa 98244
Street/P.O. Box City/State Zip

By signing this document, I understand that the information below will only be released to the above named agency and/or department.

Signature of Tribal Member

Date

ENROLLMENT DEPARTMENT ONLY

This is to certify that _____ is an enrolled member of the

Tribe.
Enrollment #: _____ Blood Quantum: _____

Signature of Enrollment Clerk: _____ Date: _____

RELEASE OF CONFIDENTIAL INFORMATION

I, _____, hereby give my permission to any and all
(Students name)
information related to my.

_____ Tuition/Student Account _____ Academic record _____ Other (please specify)

Be released to the Nooksack Education Department.

Please release this information to:

Nooksack Tribe Education Department
Donia Edwards, Education Director
Anthony Aure, Assistant Education Director
P.O. Box 157, Deming, Wa 98244
5604 Mission Rd., Bellingham, WA 98226
(360) 966-9696 - FAX (360) 966-2944

Information may be released to the representative named above or other designee of the Nooksack Education Department.

This Release of Information is valid:

_____ Until I revoke my permission to release such information in writing to the Education Department.

_____ For only these time periods specified: From _____ To _____

Student Signature	Student Name (printed)	Date

If the student is under the age of 18:

Parent/Guardian	Parent/Guardian Name (printed)	Date

FINANCIAL NEEDS ANALYSIS

PART ONE: To be completed by the student and forwarded to the Financial Aid office. Please read all instructions carefully.

Student Name _____ Social Security Number _____ Date of Birth _____

Address _____ City _____ State _____ zip _____ Phone Number _____

I understand that I must apply for Federal Financial Aid and campus-based aid and agree to do so while applying to the school to be considered for priority funding. I am responsible for ensuring that the Nooksack Education Department has this form completed and on file before I will be considered for higher education assistance. Release of information: I authorize the institution represented below to provide any/all information requested by the Nooksack Education Department in order to evaluate my student financial need (including revisions) throughout the academic period covered in this application.

Applicants Signature _____

Date _____

Indicate the academic period for which you want the college to provide budget information. If you are applying for the summer and academic year, please copy this form and submit **separate** financial need analysis forms for both periods.

Summer Term/Year: _____ **Academic year:** _____ (Sept. – May/9 mo. Period only)

PART TWO: FINANCIAL AID OFFICE: Complete Part Two for the period checked above. The final deadline for this form to be in the Education Office is _____. We will accept faxed financial needs analysis forms. Please estimate the cost and resources if students file is not completed by the Nooksack Education Department's deadline. We cannot consider the student's application until the Nooksack Education Department receives this completed form.

Budget Period: Check only one

___ Summer: June 20 ___ to July/Aug 20 ___

Academic Term: ___ Semester ___ Quarter

Academic Year: Aug/Sept 20 ___ to May 20 ___

Cost of Attendance

Tuition _____
Fee s _____
Books and Supplies _____
Room and Board _____
Personal/Miscellaneous _____
Transportation _____
Dependent Allowance _____
Child Care _____
Other _____

Campus Based Aid and Other Resources

Pell _____ Parent Contribution _____
Perkins _____ Student Contribution _____
Stafford _____ Spouse Contribution _____
Work Study _____ Social Security _____
Scholarship _____ Veterans _____
Scholarship _____ TANF _____
Scholarship _____ Other _____
School Grant _____ Other _____
Tuition Wavier _____ Other _____
Tribal Asst. _____

Total Cost of Attendance _____

Comments: _____

Other _____ **Total Resources** _____

Comments: _____ **Unmet Need** _____

Has the student applied for federal Financial Aid (FAFSA) and campus based aid? ___ Yes ___ No

Comments: _____

College/University/Voc: _____

Address: _____

FOA Printed Name: _____

FOA Official Signature: _____

Email Address: _____

**NATIVE AMERICAN CAREER TECHNICAL EDUCATION PROGRAM
SELF-ATTESTATION
OF MEETING SPECIAL POPULATIONS DEFINITION**

By writing the word yes on the line beside the statement, I am attesting to the fact that I meet one or more of the criteria listed.

- ____ 1. I am an individual with a disability (a physical or mental impairment).
- ____ 2. I have been subjected to any stage of the criminal justice process.
- ____ 3. I am a displaced homemaker
- ____ 4. I am a single parent
- ____ 5. I am a runaway youth.
- ____ 6. I am a pregnant youth.
- ____ 7. I am a parenting youth. If yes, list the name and age of your child(ren):
Name: _____; Age: _____; Name: _____
_____ Age _____; Name: _____; Age _____
- ____ 8. I need additional assistance to complete an education program.
- ____ 9. I need additional assistance to secure and hold employment.
- ____ 10. I have only completed the _____ grade.
- ____ 11. I do not have a high school diploma or GED
- ____ 12. I am pursuing a non-traditional trade or career
- ____ 13. I am currently unemployed.
- ____ 14. I was in special education program during my school years.
- ____ 15. I was recently released from jail or prison.
- ____ 16. I receive TANF benefits, food stamp or unemployment benefits, Social Security or other Federal Assistance List:

- ____ 16. I am not attending any school and am a high school dropout. If yes, list the name of the last school you attended, the last grade you were in, and the year of your last attendance: School _____
Grade: _____ Year: _____

Participant Signature

Date

Counselor/Case Manager

Date