



## **Higher Education Grant Application**

### **COQUILLE INDIAN TRIBE**

**Culture, Education and Library Services**

495 Miluk Drive Coos Bay, OR 97420

541-756-0904 Fax# 541-888-2418

[www.coquilletribe.org](http://www.coquilletribe.org)

**COQUILLE INDIAN TRIBE**  
**Higher Education Application**  
**School Year 20\_\_ - 20\_\_**  
**Information Sheet**

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

May we use text your cell phone as a form of communication? \_\_\_\_\_

What is your preferred method of contact? (Circle One) Call    Text    Email

Email \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Student Resident Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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College/Institution Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

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Term Type:     Quarters     Semesters

Expected Attendance:  Summer    Begin Date: \_\_\_\_\_    End Date: \_\_\_\_\_

Fall        Begin Date: \_\_\_\_\_    End Date: \_\_\_\_\_

Winter    Begin Date: \_\_\_\_\_    End Date: \_\_\_\_\_

Spring     Begin Date: \_\_\_\_\_    End Date: \_\_\_\_\_

Student Level:     Fr.     Soph.     Jr.     Sr.     Grad.

Expected Graduation Date (month and year): \_\_\_\_\_

Degree Type:  Associate     Bachelor     Master     Doctorate

Major(s) \_\_\_\_\_

Minor(s) \_\_\_\_\_

# COQUILLE INDIAN TRIBE

## Higher Education Application

### Statement of Privacy and Release of Information

The Privacy Act of 1974 requires each Federal agency that maintains a system of information on individuals to inform those individuals about:

- The authority, whether granted by statute or by executive order of the President, which authorizes the solicitation of the information and whether disclosure of such information is mandatory or voluntary.
- The principle purpose(s) for which the information is intended to be used.
- The routine uses which may be made of the information.
- The effects on him or her, if any, of not providing all or any part of the requested information.

The Higher Education Student College Assistance Program operates under the general authority of 24 USC chapter 12, 42 Statute 208 P.L. 67-85, with specific legislation contained in 25 USC, subchapter E, Part 32, "Administration of Educational Loans, Grants and Other Assistance for Higher Education."

The applicant understands that the intent of collecting and maintaining this data is for determining eligibility and to provide a means of producing statistical records. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining higher education assistance under this program.

The administration of this program requires certain information from the applicant. The forms included in this packet solicit the required information. This information may be made available to authorized organizations or individuals.

**I have read the statement on privacy listed above. I hereby provide the required information and authorize the use of such information.**

**I hereby give permission to release any and all of the following information to the Coquille Indian Tribe or staff member:**

- Financial aid awards, application data, disbursements, and/or eligibility
- Billing statements, charges, credits, payments, and/or past due amounts
- GPA/grades, demographic, registration, student ID number, enrollment information, and/or academic progress status
- Access to student records maintained by the Registration Office and Financial Office, including all of the above examples

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**COQUILLE INDIAN TRIBE ~ Education Department**

495 Miluk Dr, Coos Bay, OR 97420  
Tel: 541-756-0904 FAX: 541-888-2418

**Higher Education-Financial Needs Analysis**

Student: \_\_\_\_\_ Student Number: \_\_\_\_\_

School: \_\_\_\_\_ Academic year: \_\_\_\_\_

Terms to be funded:  Summer  Fall  Winter  Spring

Term system:  Quarters  Semesters

I will be attending:  Full time (12+ credits)  Half time (6 credits)

Type of program:  2-Yr Community College  4-Yr University/College

**Student Budget**

Tuition & Fees \_\_\_\_\_

Transportation \_\_\_\_\_

Room & Board \_\_\_\_\_

Personal Expenses \_\_\_\_\_

Books & Supplies \_\_\_\_\_

Other \_\_\_\_\_

Childcare \_\_\_\_\_

**Total** \_\_\_\_\_

**Student Resources**

Student Contribution \_\_\_\_\_

Pell Grant \_\_\_\_\_

Parent Contribution \_\_\_\_\_

SEOG \_\_\_\_\_

Spouse Contribution \_\_\_\_\_

State Need Grant \_\_\_\_\_

Social Security \_\_\_\_\_

Work Study \_\_\_\_\_

Veteran's Benefits \_\_\_\_\_

Scholarships \_\_\_\_\_

Other Tribal Grant – University F/T (\$9000/academic year)

Community College F/T (\$7500/ academic year) Loans \_\_\_\_\_

Tuition Waiver \_\_\_\_\_

**Total** \_\_\_\_\_

**Unmet Need (Budget – Resources)** \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Signature, Financial Aid Officer

**Coquille Indian Tribe**

**HIGHER EDUCATION PROGRAM  
EDUCATION GOALS**

Short Answer Essay (attach additional sheets if necessary)

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

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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 in 2 or 4 years? \_\_\_\_\_

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?

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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)

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**EDUCATION GOALS, cont.**

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 credits each term/semester)?

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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? \_\_\_\_\_

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8. What are your short term and long term career goals? \_\_\_\_\_

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9. Do you anticipate working for the Coquille Indian Tribe or CEDCO/Mill Casino upon completion of your degree program? \_\_\_\_\_ Please Explain: \_\_\_\_\_

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**COQUILLE INDIAN TRIBE**  
**Higher Education Program**  
**FUNDING ACCEPTANCE AGREEMENT**

**Initial each section after reading.**

\_\_\_\_\_ I hereby agree to attend the school indicated on this application and agree 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 that I will provide **grade reports** regarding my progress at the end of each term/semester. I will also provide a **class schedule** at the beginning of each term/semester I will be attending. I will provide updated contact information; including address, phone, and email address to the Education Department staff whenever they change. I will also furnish other information as requested by the Education Department staff in a timely manner.

\_\_\_\_\_ 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, and 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 agree that I will provide the Education Department a **DEGREE AUDIT** at the end of the first year for transfer students or the end of the third year for Bachelor Degree students. I understand that I will not receive additional funding until I provide a copy of the Degree Audit.

\_\_\_\_\_ I understand that if I do not provide the Education Department with evidence of my progress, I will be required to **REIMBURSE** the Education Department for the funding advanced to me and I will not qualify for any further Tribal Education funding until I have reimbursed the Education Department in full.

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**COQUILLE INDIAN TRIBE**  
Education Department  
Higher Education Application

**ACKNOWLEDGEMENT FORM**

I \_\_\_\_\_, have received and read a copy of the Coquille Indian Tribe Higher Education Program Policy and Procedures dated August 28, 2010, 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 Higher Education Program Policy that I may be required to repay 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 Higher Education Program Policy and Procedures. By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in the Coquille Indian Tribe Higher Education Program Policy and Procedures.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**COQUILLE INDIAN TRIBE**  
**Higher Education Application Checklist**

The following forms are required. Incomplete applications will not be processed.

- Completed application, including:
  - Information Sheet
  - Signed Statement of Privacy and Release of Information
  - Financial Needs Analysis (Completed by Financial Aid Officer)
  - Education Goals
  - Signed Funding Acceptance Agreement
  - Signed Acknowledgement Form
  
- Copy of schedule of classes for term/semester you will be attending
  
- Copy of Financial Aid award letter from your college or institution
  
- Official Transcripts from previous colleges or high school

Submit completed applications to:

Education Department  
Coquille Indian Tribe  
495 Miluk Drive Coos Bay, OR 97420  
Tel 541-756-0904 FAX 541-888-2418

This application may also be downloaded from the Coquille Indian Tribe website:  
[www.coquilletribe.org](http://www.coquilletribe.org)