

**Cow Creek Band of
Umpqua Tribe of Indians**

Continuing and Distance Education Program

Name: _____ Social Security# : _____
Last First Middle Maiden

Address: _____ Telephone#: _____
Street City State Zip Code

Date of Birth: _____ Male Female Marital Status: Single Married Divorced Separated

No. of Dependents: _____ Veteran yes no Enrollment #: _____

Name & Address of High School last attended:

_____ Graduation/GED Date: _____

APPLICATION REQUEST: 20_____ to 20_____

Fall # of credits taking ____ Winter # of credits taking ____ Spring # of credits taking ____

Summer # of credits taking ____ Academic year # of credits taking ____

Name & Address of College Selected:

College Major: _____ Expected Graduation Date: _____

Expected Degree: AA BA BS MA Other _____

Year in College: Freshman Sophomore Junior Senior Graduate

I will live : On Campus Off Campus With Parents Have you received a grant before? Yes No

If yes, what years? _____ Semester Hours earned: _____ Quarter Hours: _____

STATEMENT OF EDUCATION PURPOSE: I declare that I will use any funds I receive under the Cow Creek Band of Umpqua Tribe of Indians Continuing and Distance Education Program solely for expenses connected with attendance at:

Name of College/University _____

I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to the necessary agencies to complete my education grant. I request that any Continuing and Distance Education Grant monies awarded to me be mailed to the cashier's office of the college/university that I will be attending to pay my tuition and book fees. I will provide copies of my grades or transcript to the Cow Creek Band of Umpqua Tribe of Indians Education Director at the end of each term/semester.

Signature of Student: _____ Date: _____

Send completed applications to:
Cow Creek Band of Umpqua Tribe of Indians
Attn: Education Director
2371 N.E. Stephens Street, Suite 100
Roseburg, OR 97470
1-800-929-8229/677-5575
Fax# 541-677-5574