

Cow Creek Band of
Umpqua Tribe of Indians

Higher Education Application

All information requested is voluntary, however, failure to fully complete all applicable parts may result in delays of processing this application or make it impossible to process at all.

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 State of Residency: _____

Name & Address of High School last attended:

_____ Graduation/GED Date: _____

Type of High School: BIA Tribal Private Mission Public Part-Time

APPLICATION REQUEST: 20_____ to 20_____

Academic Year Spring Only Fall Only Summer Full-Time Part-Time

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

Graduate Student Requirement: Did you apply for the American Graduate Center Scholarship (AIGC)?

Yes If yes, what date? _____ No (Explain why) _____

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 Higher Education Grant 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 financial aid package. I request that any Higher Education Grant awarded me be mailed to me in care of the financial aid office of the college/university. I will provide copies of my grades or transcript to the Cow Creek Band of Umpqua Tribe of Indians Higher Education Program at the end of each term/semester.

Signature of Student: _____ Date: _____