COW CREEK COLLEGE SCHOLARSHIP APPLICATION

Higher Education Program
(Vocational – Undergraduate - Graduate)

The Cow Creek Band of Umpqua Tribe of Indians Education Division administers a Full Time College Program that provides funding to Cow Creek Tribal members pursuing a Vocational Degree or Certificate, Associate, Bachelor, or Graduate Degree on a full time basis from a regionally accredited institution. All educational institutions are subject to review and approval by the Education Director prior to providing funding for Tribal member participation.

The program funding limits are as follows:

- Vocational/Technical College $5,000 per academic year for a maximum of 2 years
- Two Year College $5,000 per academic year for a maximum of 3 years
- Four Year College $7,000 per academic year for a maximum of 5 years
- Graduate School $10,000 per academic year

The following documents must be received by the deadline date along with the completed application to be considered for funding. Incomplete applications will not be considered.

- Copy of High School Diploma/GED or College Degree for graduate applicants
- Letter of Acceptance from the institute you plan to attend (new students)
- Signed Funding Acceptance Agreement (page 4)
- Educational Goals (pages 5 & 6)
- Signed Authorization for Release of Information (page 7)
- Signed Policy Acknowledgement Form (page 8)
- Copy of Financial Aid Award Letter from college/university if taking 6 or more credits (for undergrad-students only).
- Copy of Schedule for the term/semester
- Copy of program requirements (may be copied from College/University catalogue)
- Copy of Verification of Application for an Outside Scholarship (Page 9) (not required for Vocational Students)

Please return completed application and verifications to:
Cow Creek Band of Umpqua Tribe of Indians
Attn: Education Director
2371 NE Stephens St. Suite #100
Roseburg, OR 97470

Or Fax to:
541-677-5574 Attn: Education Director

Completed applications must be received by the Education Department as follows:

<table>
<thead>
<tr>
<th>Semester Students</th>
<th>Term Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall – August 1st</td>
<td>Fall – August 30th</td>
</tr>
<tr>
<td>Spring – December 1st</td>
<td>Winter – December 1st</td>
</tr>
<tr>
<td>Summer - May 1st</td>
<td>Spring – March 1st</td>
</tr>
<tr>
<td></td>
<td>Summer – May 30th</td>
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</tbody>
</table>

If you any questions about this application or the Full Time Program please contact the Education Director at 541-677-5575
COW CREEK COLLEGE SCHOLARSHIP APPLICATION

Please Check One of the Following:

☐ Vocational/Certificate  ☐ Associate Degree  ☐ Bachelor Degree  ☐ Graduate Degree

The information in this application is being collected to determine eligibility for participation in the Higher Education - Full Time College Program. The applicant must provide the required information for consideration of the application. Incomplete information and/or false statements will subject this application to rejection for this program.

A. APPLICANT INFORMATION

1. Name ________________________________

   Last  First  Middle  Maiden Name (if any)

2. Mailing Address: ________________________________

   __________________________________________________________

   (City)  (State)  (Zip)

3. Phone #: Cell ( ) ___________________  Home ( ) ___________________

4. E-mail Address: ________________________________

5. SSN #_________________________  Enrollment #_______  Date of Birth________

6. Have you ever received any assistance through the Cow Creek Band of Umpqua Tribe of Indians Education Department? ☐ yes  ☐ no.  If yes, list the type of assistance and year received.

   __________________________________________________________

B. EDUCATION INFORMATION:

1. Do you have: ☐ High School Diploma  ☐ GED  Year Completed ________________
   (Provide a copy with your application)

2. Name of College You Wish To Attend: ________________________________

3. College Financial Aid Address: ________________________________

   __________________________________________________________
4. College Financial Aid Phone #: __________________________ Fax #: __________________________

5. Have You Been Accepted For Admission: ☐ Yes ☐ No ☐ Pending
(Provide documentation with your application)

6. Entry Term/Semester I will be a: _____ Freshman _____ Sophomore _____ Junior _____ Senior

7. Program of Study: ________________________________________________________________

8. Start Date:_________________________ Expected Completion Date:________________________

10. Operating System of the College: ☐ Term/Quarter ☐ Semester ☐ Clock Hours ☐ Self-paced

I, the undersigned applicant certify that the information I have provided in this application is true, complete and accurate. I understand that providing fraudulent information will subject this application to rejection and may affect any future funding eligibility.

________________________________________________________ _______________________
Applicant’s Signature Date

FOR ADMINISTRATIVE PURPOSES ONLY:

Date Application Received: ________________
☐ Diploma/GED/Degree
☐ Letter of Acceptance/Admission from college
☐ Schedule of Classes
☐ Signed Funding Acceptance Agreement (page 4)
☐ Written Educational Goals (pages 5 & 6)
☐ Signed Authorization Requirement (page 7)
☐ Signed Policy Acknowledgment form (page 8)
☐ Financial Aid Award Letter
☐ Outside Scholarship Documentation (Page 9)
☐ Program requirements
☐ Completed Higher Education Application

Date Approved: __________________________

Date Rejected: _________________________ Reason: ________________________________

________________________________________________________ _______________________

Amount of Funding Approved: ________________ ☐ AVT ☐ AA ☐ Certificate ☐ AAOT
☐ Bachelor’s ☐ Master’s ☐ Doctorate
COW CREEK COLLEGE SCHOLARSHIP APPLICATION  
(Vocational – Undergraduate - Graduate)  
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. I 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 transcripts 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 Director. I will also furnish other information as requested by the Education Director 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. Graduate students must meet enrollment status as FULL TIME as set by the institution. Students must earn an equivalent to a minimum 2.0 Grade Point Average (GPA) per Term/ Semester and maintain passing grades of A, B, or C. I understand that if I do not meet the minimum academic requirements it will affect my funding.

_____ I agree that I will provide the Full Time College Program a DEGREE AUDIT at the end of the first year for Associate of Arts students or the end of the second year for Bachelor Degree students. I understand that I will not receive additional funding until I provide a copy of the Degree Audit. (Not Required for Vocational Students)

_____ I understand that if I do not provide the Education Director with evidence of my progress, I may 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 withdraw before the term/semester is over without prior contact with the Education Director for any reason, drop out or receive a 0.0 GPA and 0 credits, for the grading period I may be required to REIMBURSE all 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.

________________________________________  ________________________  
Print Name  Tribal Roll Number

________________________________________  _________________
Signature of Student  Date
COW CREEK COLLEGE SCHOLARSHIP APPLICATION  
(Vocational – Undergraduate - Graduate)  

EDUCATIONAL GOALS  
*Information provided will not affect your application for funding.  

1. Please list your intended college major and why you chose it. (50 word minimum)  
_________________________________________________________________________  
_________________________________________________________________________  
_________________________________________________________________________  
_________________________________________________________________________  
_________________________________________________________________________  

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?  
_________________________________________________________________________  

4. Have you met with an Academic Advisor at your college to discuss your educational  
goals? ☐ Yes ☐ No If yes, list name and contact information of the advisor. If no,  
list reasons for not meeting with an advisor.  
_________________________________________________________________________  

5. What kind of academic support services does your college provide to students?  
(examples: TRIO, Educational Opportunities Program (EOP), Tutoring Center, Indian  
Education/Multicultural Office)_________________________________________________________________________  
_________________________________________________________________________  
_________________________________________________________________________
EDUCATIONAL GOALS (continued)

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 undergraduate or 9 graduate credits each term/semester)?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. What are your short-term and long term career goals? __________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. Do you anticipate working for the Cow Creek Band of Umpqua Tribe of Indians or any other business enterprises owned by Cow Creek Band of Umpqua Tribe of Indians upon completion of your degree program? ☐ yes ☐ no.
   (Your answer will not affect your funding. This is for statistical data only)
   Please explain:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
COW CREEK COLLEGE SCHOLARSHIP APPLICATION
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AUTHORIZATION FOR RELEASE OF INFORMATION

The Cow Creek Band of Umpqua Tribe of Indians Education Director uses this authorization and the information obtained with it to administer and evaluate funding eligibility for its Full Time College programs.

AUTHORIZATION: I ______________________________________do hereby authorize the release of any and all information regarding my case file as it relates to the eligibility/application for assistance from the Cow Creek Band of Umpqua Tribe of Indians Education Department. This authorization includes and is limited to the following:

- Grade Reports, Transcripts, Progress Reports, and Updates
- Attendance Verification and Program Awards
- Financial Aid, Budget Summaries, Resources, and Scholarship Awards
- Personal Reports regarding program participation and/or requirements

In addition, my signature allows the Tribal Education Director to release my case file information to the following agency/institution/person:

- Cow Creek Band of Umpqua Tribe of Indians Social Services, Tribal Housing Authority, Member Benefits, Tribal Administrator, Tribal Operations Officer
- Institute of Attendance
- Other: (please list, if you want your parents to receive this information you will need to list them here) ____________________________________________

I agree that photocopies of this authorization may be used for the purpose stated above.

MY RIGHTS: I understand this authorization is voluntary and that I may revoke this authorization at any time, provided I do so in writing and submit it to the Cow Creek Band of Umpqua Tribe of Indians, Attn: Education Director, 2371 NE Stephens St. Suite #100, Roseburg, OR 97470. The revocation will take effect when the Education Director received it, except to the extent that action has been taken in reliance on this authorization.

_________________________________________  ________________________________
Student Signature                        Date
COW CREEK COLLEGE SCHOLARSHIP APPLICATION
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POLICY ACKNOWLEDGEMENT FORM

I ________________________________, have received and read a copy of the Cow Creek Band of Umpqua Tribe of Indians Higher Education Programs Full Time College Program Policy dated June 2013, 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 Full Time College Program Policy that I may be required to repay all 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 Full Time College Program Policy. By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in the Full Time College Program Policy.

Roll Number ______________

______________________________
(Student Signature) Date
COW CREEK COLLEGE SCHOLARSHIP APPLICATION
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SCHOLARSHIP APPLICATION REQUIREMENT
(Not Required for Vocational Students)

It is the goal of the Full Time College Program to assist students in obtaining their college degree with as little debt as possible. With the increasing cost of attendance at most colleges and universities it is likely that students will be required to seek funding in addition to Tribal funding to pay for the cost of attending college.

The Full Time College program requires students to apply for a minimum of one outside scholarship so students will have the opportunity to receive “free” money that can be used towards their college expenses and may reduce or eliminate the need for student loans.

I ___________________________________________ hereby agree to submit documentation verifying that I have applied for a minimum of one outside scholarship separate from the Tribe for EACH academic year I am requesting funding.

I agree to provide documentation showing that I have applied to a minimum of one outside scholarship to the Full Time Program prior to the first day of college classes for the term/semester for which I plan on attending.

The following items are acceptable forms of verification:

- Scholarship Award Letter
- Scholarship Denial Letter
- Scholarship Submission Confirmation Page
- Copy of Completed Application. I understand that if I do not provide the above required information, I will not receive Tribal funding.

I the undersigned have read, understand, and agree to abide by the terms and conditions of the Scholarship Application Requirement.

Print Name ___________________________ Tribal Roll Number ___________________________

Signature of Student ___________________________ Date ___________________________