



Quinault Indian Nation Education Department

PO Box 189 | Taholah, WA 98587 | Phone: 360.276.8211 | Fax: 360.276.4759

Post-Secondary Financial Assistance Application

Deadline Dates:

- Fall Quarter: June 30th
- Winter Quarter: November 30th
- Spring Quarter: February 28th

Checked deadline date above is for all documents (with the exception of the Needs Analysis form which can be received past the due date) which must be turned in along with the PSFA Program Grant Application. Please note that this application is based on the availability of funds.

Contacts:

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ercapoem@quinault.org

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dmartin@quinault.org

Application Checklist

- Quinault Tribal application
- Copy of CIB
- Copy of High School Diploma or GED (new students)
- Copy of college acceptance letter (new students)
- Personal letter outlining educational goals
- List of two (2) outside scholarships applied for
- Copy of class registration/schedule (must submit prior to the beginning of quarter/semester)
- Student Agreement (enclosed)



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PSFA PROGRAM GRANT APPLICATION

Name: _____ **Date of Birth:** _____
Last First Middle Maiden

Address: _____ **Social Security #:** _____
Street/Box

_____ **Phone:** () _____
City State Zip Code

Address: (while in school) _____
Street/Box City State Zip Code

Email Address: _____

Sex: M F **Veteran:** Yes No **If yes, dates of Service:** _____

Marital Status: Single Married Divorced Separated Widowed

No. of Dependents: _____ **Names and Ages of Dependents:** _____

Tribal Affiliation: _____ **Enrollment #:** _____

Reminder: Attach copy of CIB

EDUCATION

High School Diploma? Yes No Name of School: _____

Type of High School: Public Private Tribal BIA Date of Graduation: _____

GED? Yes No Date of Completion: _____ Location: _____

List any College, University, or Training Facility previously attended and dates of attendance:

Are you enrolled in the Grays Harbor College Online Bridge Program or the Evergreen State College Reservation Based Program? Yes No



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FUNDING PERIOD

Funding is being requested for: 20__ ~ 20__ Full-time Part-time

Entire Academic Year Fall ONLY Winter ONLY Spring ONLY Online Classes

Year in College: Freshmen Sophomore Junior Senior Graduate Vocational

Name of College/University/Training Facility: _____

Location: _____

Major/Minor Field of Study or Area of Interest:

1. _____ 2. _____

Degree Sought: AA/AS BA/BS Masters Doctoral Certificate/License

Expected Graduation Date: _____

For Vocational, how many months in the program? _____

Please list any degrees or certificates: _____

EMPLOYMENT

Are you currently employed? (Do not include Work-Study) Yes No

If you answered yes, are you employed: Full-time Part-time

What is your anticipated employment status during the school year?

Full-time Part-Time Unemployed Unknown

Name of Employer: _____

Reminder:

Fax completed application and documents to 360-276-4191 or mail to:

Quinault Indian Nation

Education Program

PO Box 189

Taholah, WA 98587



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STATEMENT OF EDUCATIONAL PURPOSE

I declare that I will use any funds I receive under the Higher Education or Adult Vocational Training Grant Program solely for expenses associated with attendance at:

Name of College or University or Vocational Institute

PRIVACY ACT

This information is provided to Public Law 93-579 (Privacy Act of 1974), December 31, 1974. Although furnishing personal information to this office is voluntary, failure to supply complete and accurate information may preclude the applicant from eligibility for assistance under this program.

This information is being collected to determine eligibility of individuals applying for services. This information will be used to produce statistical records required of the Office of Indian Education Programs. Response to this request is required to obtain a benefit.

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 necessary agencies to complete my financial aid package. I request that any BIA grant awarded to me be mailed to me in care of the financial aid office of the institution. I will provide a copy of my grades or transcript to the Higher Education Office at the end of each academic term.

RELEASE OF INFORMATION

Under the Federal Privacy Act of 1974, Federal Agencies cannot release your personal information without your authorization and the Quinault Indian Nation Education Program is subject to these restrictions. A release from students allows the Education Program to explore alternative sources of assistance that may aid the individual student. Your application and records are considered privileged information and will be kept confidential.

I have read and understand that the above statement regarding my Privacy Rights and the purposes for which information about me will be used by the Quinault Indian Nation Education Program Staff.

I authorize the release of information about myself and my educational background to the Quinault Indian Nation Education Program to help me secure financial assistance.

Yes No

Student Signature

Date



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STUDENT AGREEMENT

As a full-time student, I agree to maintain a minimum GPA of 2.00 while carrying a minimum credit load of 12 credits..... Initials: _____

As a part-time or graduate student, I agree to maintain a minimum GPA of 2.00 and I agree to maintain the original credit load at the beginning of the quarter... Initials: _____

I will make necessary reports regarding my progress and furnish any other information requested. Should I desire to change schools during the course of my study, I will notify the Education Department at least sixty (60) days in advance of such transfer. I will also notify the Education Department of any intention to withdraw from school..... Initials: _____

I fully understand that each school year, I am required to complete a new PSFA agreement in order to complete my education file by the required deadline date..... Initials: _____

I understand that Education grants are to cover any of my education expenses after all other grants and scholarships won are applied first. If I receive outside funding sources such as delayed financial aid or scholarships after Tribal funding has been disbursed, I agree to notify the Quinault Indian Nation Education Department for the expenses paid in my behalf for tuition, books and other fees..... Initials: _____

I have read the Quinault Indian Nation Education Department Policy and Procedures, and agree to abide by all policies stated to remain eligible for Higher Education funding..... Initials: _____

I am fully aware that I am allowed 5 years of funding to work on my undergraduate degree, which adds up to 15 quarters or 10 semesters..... Initials: _____

I am aware that my grades are due to the Quinault Indian Nation Education Department immediately after the grades are released..... Initials: _____

I understand that my tuition for the next quarter/semester is dependent on the previous quarter/semester grades and my new class schedule..... Initials: _____

Student Signature

Date

Education Program Manager

Date

QUINAULT EDUCATION PROGRAM – NEEDS ANALYSIS

College Financial Aid Officer:

Please complete this form and return to the Quinault Indian Nation Education Program. The Student is required to submit this form by a deadline in order to be considered for financial assistance from the Quinault Indian Nation.

*Student: _____

*Social Security #: _____

*Address: _____

*Academic Year: _____

*Fall *Winter *Spring

*College: _____

*Clock Hours _____ *Credit Hours _____

*Address: _____

*Starting Date: _____

*Completion Date: _____

State Residency

- Resident
 Non-Resident

Housing Status

- On Campus
 Off Campus
 Living with Parents

Marital Status

- Single
 Married
 _____ # of Dependents

Student Considered: Independent Dependent Ineligible for Funding

Students File: 1) Incomplete cannot be considered for funding

If incomplete, please list documentation needed: _____

2) Complete and considered for funding

Actual Award: _____ Estimated Award: _____

STUDENT BUDGET

STUDENT RESOURCES

Tuition and Fees	\$	Student Contribution	\$
Room and Board	\$	Spouse Contribution	\$
Books	\$	Parent Contribution	\$
Personal Expenses	\$	Social Security	\$
Transportation	\$	Veteran's Benefit	\$
TOTAL	\$	TOTAL	\$

COLLEGE AID AWARDED

	FALL	WINTER	SPRING	SUMMER	TOTAL
PELL GRANT					
SEOG					
STATE NEED GRANT					
COLLEGE WORK STUDY					
TUITION WAIVER					
LOANS					
OTHER					
TOTAL AWARD	\$	\$	\$	\$	\$

 Financial Aid Officers Signature

 Title

() _____
 Telephone

 Date

Print Name: _____

TO STUDENT: READ, SIGN AND RETURN THIS FORM TO THE QUINAULT NATION EDUCATION DEPARTMENT AT THIS ADDRESS:

Quinault Indian Nation – Education Department

PO Box 189

Taholah, WA 98587

OR Fax to: 360.276.4191

I hereby verify that I have read, understand and agree with the above information provided by the Financial Aid Officer listed on this Needs Analysis Form (Financial Aid Package).

 Student Signature

 Date