

Confederated Salish and Kootenai Tribes

HIGHER EDUCATION SCHOLARSHIP APPLICATION PACKET



February 2024

Dear Higher Education Scholarship Applicant,

The Higher Education Scholarship Application deadline date: **Wednesday, May 1, 2024.**

Priority file completion deadline date: **Friday, August 9, 2024.**

Included in this packet you will find:

- Application Packet Check List (page 2)
- 2024-2025 Higher Education Scholarship application (pages 3 & 4)
- Financial Needs Analysis (pages 5 & 6)

If an application is submitted after the May 1st deadline date, it will be marked as LATE and kept on file. We cannot guarantee any funding to late applicants. Only if funding is available later in the year, we will review the LATE applications and make a determination if we are able to assist with funding. No LATE applications will be accepted after October 31st for the academic year. It is important that if you are thinking about attending college at any time this upcoming year, you need to submit an application by the May 1st deadline.

Faxed applications will not be accepted. Remember to acquaint yourself with the Student Policy Handbook, application process, and be sure to complete, sign and date all forms needed on the application and financial needs analysis pages.

Be aware that the school's Financial Aid Office may send your Financial Needs Analysis back to the CSKT Scholarship Officer once it is completed, but students should always check to verify that they could send it directly back. Some Financial Aid Offices may have a Third-Party Release to fill out before distributing it directly to the CSKT Scholarship Officer. All higher education funding will be sent to your school's Financial Aid Office. You are advised that any award you may receive may be subject to an adjustment based on the level of funding you receive from additional scholarships, grants, waivers, etc. Students should be prepared that NOT all students who apply will be awarded a scholarship. Due to the increase in the number of students applying for funding and the rising costs of tuition, scholarships have become more competitive than in the past. **Only students in good academic standing and with a complete application file will be considered for funding.**

Feel free to call (406) 675-2700 ext. 1074 or email Miranda.Burland@cskt.org for assistance, clarification, or questions regarding the scholarship program or the application process.

I look forward to working with you this upcoming year and wish you the best.

Sincerely,

Miranda Burland
CSKT Higher Education Scholarship Officer

Tribal Higher Education Scholarship Application Packet Check List

Students must read the [Student Policy Handbook](#).

Application deadline is **Wednesday, May 1, 2024** and all other documents (#2-9) must be submitted by **Friday, August 9, 2024** to have a complete application file. A complete file consists of having all items listed below turned in. If you are a continuing student, #4, 5, and 6 will already be on file but if you changed colleges, you will need to submit a new acceptance letter.

1. () Higher Education Scholarship Application. **DUE: Wednesday, May 1, 2024**
2. () OFFICIAL college transcripts, if applicable. These will need to be submitted by mid-July when you apply EVERY YEAR; wait until you have finished your spring qtr/sem before requesting them from your school. Students need to request transcripts from ALL colleges attended.
3. () Financial Needs Analysis: Part 1
 - Student must fill out Part 1 of the Financial Needs Analysis and then send it to the Financial Aid Office (FAO), at the school you plan to attend. It is the students' responsibility to see if the FAO will send it to Tribal Education or if you will need to get it back to the CSKT Scholarship Officer.
 - The FAO will fill out Part 2 and may send it back to the Tribal Education Office. You should check back with the school in mid-July to verify completion.
4. () Copy of your high school diploma or GED/HiSET certificate or test results (ATTENTION 2024 High School Graduates: Submit your diploma or transcript after your graduation date).
5. () Copy of your acceptance letter from the school you plan to attend. You must have applied for admission at the school(s) you plan to attend. Continuing students will already have this on file unless you have changed schools.
6. () Copy of Tribal ID or Certificate of Indian Blood (CIB). You can contact the Tribal Enrollment Office (406)675-2700 ext. 1014 and request that it be sent to the CSKT Scholarship Officer or you can pick it up.
7. () Copy of your 2024-2025 Student Aid Report (SAR). This document can be found at www.fafsa.gov in your student information. You will need your FSA ID Username or Verified Email Address and your FSA ID Password to access your FAFSA. *You will need your 2022 tax information.*
8. () Financial Needs Analysis Part 2. The Financial Aid Officer, from your school, may send it to our office but you will need to contact your Financial Aid Office to make sure this has been sent to the Tribal Education Department or if you will need to pick it up. Students should always check with the FAO to make sure ALL of your paperwork is signed and completed with them.
9. () Student Agreement Form. This form will be sent out to all students in July and will need to be filled out and sent back by August 9, 2024. This packet will inform students of what is still missing from their file and verify application information and academic standing, if provided.

2024-2025 Tribal Higher Education Scholarship Application

Application Deadline Date: Wednesday, May 1, 2024

Tribal Education Department

PO Box 278, Pablo, MT 59855

Last Name: _____ First Name: _____ M.I. _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Date of Birth: _____ Sex: Male () Female () CSKT Enrollment #: _____

I received a: () High School Diploma **OR** () GED/ HiSET

From what school/ location: _____ Year Received: _____

Name of College/University Selected: _____

Address: _____ City: _____ State: _____ Zip: _____

College/University Student Id# _____ (If known)

Quarters/Semesters applying for (check all that apply): () Fall () Winter () Spring () Summer 2025

College Major: _____

Degree Pursuing: () Associate's () Bachelor's () Master's () Doctorate () PhD

() Certificate () Other: _____ (list)

Expected graduation year: _____

I am a: () Continuing Student; () New Student; () Returning Student (see Policy definitions)

2024-2025 year in college: () Freshman () Sophomore () Junior () Senior () Graduate level

I will attend: () Full-time student (at least 12 credits); () Part-time student (under 12 credits); () Graduate level

➤ I have attended college prior to the 2024-2025 academic year. () Yes () No

- If yes, what colleges and years attended: _____

➤ I have read and understand the Student Policy Handbook. () Yes () No

➤ I have filled out Financial Needs Analysis (FNA) - Part 1 page 5. () Yes () No

➤ I have submitted my FNA to my school. () Yes () No

➤ I have completed and submitted my 2024-2025 FAFSA. () Yes () No

- If not, I have started my 2024-2025 FAFSA. () Yes () No

➤ I have been convicted of a felony in the past (1) year. () Yes () No

- If yes, what were you convicted of: _____

- Date of conviction: _____

Statement of Educational Purpose:

I declare that I will use the funding that I receive from the CSKT Higher Education scholarship solely for educational expenses connected with my attendance at the school listed above.

I hereby certify, by entering my name and date below, that the above information is true and correct to the best of my knowledge. I agree to follow all rules, regulations, and attendance requirements of the school. To the best of my ability, I will satisfactorily complete the major that I have selected.

Student Signature

Date

INFORMATION DISCLOSURE AUTHORIZATION:

1. Disclosure of the requested information is to determine your eligibility for financial aid.
2. The purpose of this information collection is to determine your eligibility for financial aid.
3. The routine use of this information is by the Confederated Salish and Kootenai Tribal Education Department and school financial aid offices to evaluate your request for financial assistance during your education.
4. Failure to provide requested information may result in a delay or denial in receiving a Tribal Education Scholarship.

I have read the above statement. I agree to provide the required information and authorize the use of such information to the extent of the purposes specified in the statement.

Student Signature

Date

RELEASE FORM:

I, _____, give my permission to the CSKT Scholarship
(Print Student Name)

Officer to communicate, share and receive appropriate student information with and/or from my
selected school _____ regarding my file completion, Financial
(College Name)

Aid for funding disbursements, additional scholarships received, grades, credits, academic standing
and/or default status.

Student Signature

Date

I give permission for relevant information to be shared with: *(check those that apply and list names)*

Spouse or significant other _____

Loan agency _____, if applicable

Parent(s) _____

Other individual(s) _____

Student Signature

Date

Continue to fill out/sign Part 1 of the next page before clicking SUBMIT

Submit on or before May 1, 2024

2024-2025 Financial Needs Analysis
Priority FNA Deadline: August 9, 2024

Tribal Education Department
PO Box 278 Pablo, MT 59855
(406) 675-2700 Ext. 1074
Scholarship Officer, Miranda Burland

Part 1: To be completed by the student. *Student must sign and date Part 1.*

College Name: _____

Student Name: _____ Student ID#: _____

Student Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

I understand that if I am eligible for other education funds, such as PELL aka - FAFSA, etc., this will be included when computing my financial aid package and I agree to use these funds for the purpose intended. I also understand and agree that I must apply for all campus-based aid for which I am eligible in order to be considered for a Tribal scholarship. I have submitted the necessary forms to my college financial aid office. I am aware that all Tribal funding will be distributed through the Financial Aid Office of the school I will be attending. I authorize the school to release my Financial Needs Analysis form, grades, attendance, and income information to the CSKT Education Department.

Signature: _____ Date: _____

Part 2: To be completed by the Financial Aid Officer

The above student has applied for the CSKT Higher Education Scholarship. Verified financial need information is requested from your office before we can determine the student's eligibility and award amount. Please complete Part 2 and mail the original form to the Scholarship Officer at the address listed above.

Budget Period: _____, 20____ to _____, 20____, which will begin on _____, 20____.

Costs of Attendance

Campus-Based Aid and Other Resources

| | | |
|-----------------------|---------------------------------|----------------------------------|
| Tuition/Fees \$ _____ | Parent \$ _____ Contribution | Student \$ _____ Contribution |
|-----------------------|---------------------------------|----------------------------------|

| | | |
|----------------|---------------|-------------------------|
| Books \$ _____ | PELL \$ _____ | Tuition Waiver \$ _____ |
|----------------|---------------|-------------------------|

| | | |
|------------------|--------------|-----------------------|
| Housing \$ _____ | GSL \$ _____ | Scholarships \$ _____ |
|------------------|--------------|-----------------------|

| | | |
|-----------------|----------------------|----------------------------|
| Travel \$ _____ | Other Loans \$ _____ | Other Scholarship \$ _____ |
|-----------------|----------------------|----------------------------|

| | | |
|-------------------|---------------|----------------|
| Personal \$ _____ | SEOG \$ _____ | Other \$ _____ |
|-------------------|---------------|----------------|

| | | |
|---------------------|---------------------|----------------|
| Child Care \$ _____ | Work Study \$ _____ | Other \$ _____ |
|---------------------|---------------------|----------------|

Other \$ _____

TOTAL COSTS: \$ _____

TOTAL RESOURCE: \$ _____

WE VERIFY THAT THIS STUDENT'S UNMET FINANCIAL NEED IS: \$ _____

INFORMATION REGARDING CAMPUS-BASED AID:

Student Identification # _____

Student applied on _____, 20_____.

- 1) Application was submitted () on time () late.
- 2) Application is () complete () incomplete.
- 3) Student is enrolled as a () full-time () part-time student.
- 4) Student's financial aid packaging is () complete () incomplete
- 5) Student () has () has not applied for campus-based aid, such as loans, grants, work-study, etc.

If student is not eligible for campus-based aid, give reason:

6) Financial Aid Officer: _____
Signature

Print Name: _____ Date: _____

Phone: _____ E-mail: _____

College: _____

Address: _____
Address City, State ZIP

Please attach your institutes W9 with this form. Our CSKT Accounting Department needs your W9 on file from the schools. Caution: the address listed above and the W9 may have different addresses; checks will be mailed out to the address on the W9 unless a request is submitted by the FAO.

7) ACADEMIC TERM OF COLLEGE: () Quarter () Semester () Other: _____
(list)

8) Term start dates:
Fall term _____ Winter term _____ Spring term _____

FINANCIAL AID OFFICER, INFORMATION & DIRECTIONS

- A. A student may apply once each academic year.
- B. Fill in the amounts for costs and resources for the student for specified period.
- C. Fill in your office verification of the student's unmet need.
- D. Check off and fill in the correct responses to questions 1 through 8.
- E. Your signature is required on this form. Do not forget to indicate your college mailing address of where the funding should be sent to, academic term and start dates.

RETURN TO THE TRIBAL EDUCATION OFFICE BY August 9, 2024, for the 2024 - 2025 academic year for our priority deadline but can be accepted after this date. Please provide as much information as possible. An updated FNA can be submitted later, if changes are needed. For questions, call (406)675-2700 ext. 1074.

Mail to: CSKT Education Department
Miranda Burland, Scholarship Officer
PO Box 278
Pablo, MT 59855

OR scan and email to: Miranda.Burland@cskt.org.
Faxed copies will not be accepted.