

7707 36th Ave NW, Bldg D1, Tulalip, WA 98271 • 360-716-4888 • 360-716-0398 (Fax) • highereducation@tulaliptribes-nsn.gov

TULALIP TRIBES HIGHER EDUCATION FUNDING PROGRAM APPLICATION

Section A: STUDENT INFORMATION						
Last Name:	First Name:	Middle Name:		Tribal I.D. Number:	Today's Date:	
Permanent Mailing Address:						
Street - P.O. Box - City - State - Zip						
Date of Birth:	Best Contact Number:	Email:			School/Student I.D. Number:	
Section B: YOUR COURSE OF STUDY - YOU MUST COMPLETELY FILL OUT THIS SECTION						
Type of Institution (check <u>ALL</u> that apply):						
☐ University ☐ Com	nmunity College Vocational	□ Diving		□Online		
Name of Institution:						
Term You Are Applying For (check one):				Degree/Certificate You Plan to Receive (check one):		
□ Quarter □ Sem	nester		☐ Certificate or Diploma for completing an occupational, technical			
Number of Credits: Check One: ☐ Full-Time ☐ Part-Time		or educational program (less than two-year program) Certificate or Diploma for completing an occupational, technical,				
Check One: Druit-lime Draft-lime			or educational program (at least two-year program)			
Course of Chudu (maior)			_			
Course of Study (major):			☐ Bachelor's Degree			
			☐ Teaching Credential Program (non-degree program)			
Name of Academic Counselor:			☐ Graduate or PhD Degree ☐ GED / High School Diploma			
Telephone Number:			☐ Other / Undecided			
Email:			Month/Year you plan to earn your degree:			
Release of Information (person you would like us to discuss your information with, for example – mom, dad, or sibling):						
Name - Relationship - Telephone Number - Email						
Name readionship receptione number Elliun						
Section C: RELEASE OF INFORMATION / PUBLIC DISCLOSURE						
I understand and agree that if I receive funds for education purposes under the supervision of the Tulalip Education Dept., the Department will publish in the See-Yaht-Sub my name and the name of the educational institution I am attending as a matter of tribal public disclosure. My grades and grade point average will not be published unless I agree in writing to allow such a publication. I have read, understand, and accept my rights and responsibilities of the Higher Education Policy as passed by the Board of Directors.						
I also understand and agree that the Education representative of the Tulalip Education Dept. has my permission and release to obtain my student files, including grades, from the educational institution and other tribal entities that I am attending and may provide that confidential information only to Tulalip Education Dept. officials, tribal entities to which may be helpful to my education, and the Tulalip Board of Directors.						
Student Signature:			Date:			