

6406 Marine Drive • Tulalip, WA 98271 • 360 716-4888 • 360-716-0398(Fax) • highered@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:	Message 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 ☐ Community ☐ Vocational ☐ Diving				□Online		
Name of Institution:						
Term You Are Applying For (check one):			Degree/Certificate You Plan to Receive (check one):			
☐ Quarter ☐ Sem	ester			Certificate or Diploma for comple		
Number of Credits: Check One: □ Full-Time □ Part-Time				or educational program (less than two-year program)  Gertificate or Diploma for completing an occupational, technical,		
			ĺ	or educational program (at least t		
Course of Study (major):				<ul><li>☐ Associate's Degree (at least two-year degree)</li><li>☐ Bachelor's Degree</li></ul>		
Name of Academic Counselor:			☐ Graduate or PhD Degree			
Telephone Number:			☐ GED / High School Diploma ☐ 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						
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 My grades and grade point average will not be published unless I agree in writing to allow such a publication.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, under-stand 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. have 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:\_