

**Higher Education Dept.**  
 (360)716-4888  
 highered@tulaliptribes-nsn.gov



**Felicia Emhoolah**  
 Higher Education Specialist  
 (360)-716-4891  
 femhoolah@tulaliptribes-nsn.gov

**Shawneen Zackuse**  
 Higher Education Manager  
 (360) 716-4890  
 szackuse@tulaliptribes-nsn.gov

**6406 Marine Drive**  
**Tulalip, WA. 98271**  
**Main (360) 716-4000**  
**Fax (360) 716-0611**

**Jeanne Steffener**  
 Higher Education Specialist  
 (360) 716-4888  
 jsteffener@tulaliptribes-nsn.gov

<b>Section A: STUDENT INFORMATION</b>				
Last name	First name	Middle Name	Tribal I.D. number	Today's date
Permanent mailing address (street, post office box, city, state, zip)				
Date of Birth	Home / Cell / Work	Other phone number	Email	School Student I.D. number

<b>Section B: YOUR COURSE OF STUDY</b>				
Name of institution (circle one): <b>University</b> <b>Community</b> <b>Vocational</b> <b>Diving</b> <b>Continuing Education</b>				
Quarter / semester / session / term you are applying for:		<b>Degree / Certificate (check one)</b> <input type="checkbox"/> Certificate or diploma for completing an occupational, technical, or educational program (less than two-year program) <input type="checkbox"/> Certificate or diploma for completing an occupational, technical, or educational program (at least two-year program) <input type="checkbox"/> Associate degree (at least two-year degree) <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Teaching credential program (non-degree program) <input type="checkbox"/> Graduate or professional degree <input type="checkbox"/> Other / undecided  <b>Month/Year you plan to earn your degree:</b> _____		
No. of credits	Full-time or part-time? (circle one)			
Your course of study (major)				
Name of academic counselor / Telephone number				
*Release of Information / Name of contact / telephone number/email (Person you would like us to discuss your information with, for example- Mom, Dad, or sibling.):				

**Section C: RELEASE OF INFORMATION / PUBLIC DISCLOSURE**

<p>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 My grades and grade point average will not be published unless I agree in writing to allow such a publication.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.</p>	<p>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.</p>
Student Signature _____	Date _____