



**PUYALLUP TRIBE
HIGHER EDUCATION PROGRAM
APPLICATION**



Name: _____ Date: _____

Address/City/State/Zip: _____

Social Security #: _____ Enrollment #: _____

Date of Birth: _____ Head of Household: _____

Marital Status: ___ Single ___ Married ___ Divorced ___ Widowed

Room & board- Living on Campus Yes or No: ___

Home Phone: _____ Cell Phone: _____

Email: _____

High School Graduate: ___ Yes ___ No Date Graduated: _____

Did you receive your GED? ___ Yes ___ No Date Received: _____

Academic Year: Start Date: _____ End Date: _____

Institution Name: _____

Institution Address: _____

Institution Phone & Fax Numbers: Ph: _____ Fax: _____

**TERMS OF ENROLLMENT:
QUARTER/SEMESTER**

___ Fall ___ Winter ___ Spring ___ Summer
___ Freshman ___ Sophomore ___ Junior ___ Senior

EXPECTED DEGREE

___ Associates ___ BS/BA ___ Certificate ___ License
___ Masters ___ Doctorate

Major: _____ Minor: _____

Career Goals: _____

**PUYALLUP TRIBE OF INDIANS
HIGHER EDUCATION PROGRAM**

CONSENT AND AGREEMENT CONTRACT

I consent to allow the Higher Education Program and the Puyallup Tribe of Indians to request and obtain information from the institution listed on this form for the purpose of clarifying the level of benefits under the Higher Education Program. The authorization includes, but is not limited to: (1) grades, report, transcripts (unofficial), progress reports; (2) attendance figures; (3) financial aid transcripts and budget summaries; (4) personal reports regarding program participation and requirements, (5) class registration.

I acknowledge that **I am required to apply for financial aid** assistance and agree to provide the Higher Education Program with a **copy** of the action taken on my grant application (either an acceptance or denial letter).

I acknowledge and agree that all Educational Funds granted to me by the FAFSA or the Higher Education Program will be use for tuition, books, and supplies only. Any funds not used for this purpose including refunds for withdrawal or being dropped from any class will be returned to the Higher Education Program.

ALL INFORMATION AND ALL FUNDS NOT USED FOR TUITION, BOOKS, AND SUPPLIES ARE TO BE RELEASED AND/OR RETURNED TO:

**HIGHER EDUCATION PROGRAM
3009 East Portland Ave
Tacoma, WA 98404**

I understand that by refusing to sign this form shall result in an automatic rejection of my eligibility approval.

STUDENTS NAME (PLEASE PRINT)

NAME OF SCHOOL

STUDENTS ADDRESS

SCHOOL ADDRESS

STUDENTS CITY/STATE/ZIP CODE

SCHOOL CITY/STATE/ZIP CODE

STUDENTS PHONE NUMBER

SCHOOL PHONE NUMBER

STUDENTS SIGNATURE

SCHOOL FAX NUMBER

**PUYALLUP TRIBE OF INDIANS
HIGHER EDUCATION PROGRAM**

**PURCHASING BOOKS AND SUPPLIES
AGREEMENT**

All purchases must be done with your educational institution's bookstore. Our office will set up an account for you with your institution's bookstore for ONLY the necessary books and supplies. If you cannot get the needed books/supplies at the school's bookstore and purchase them yourself. You must get approval from the Higher Education Program before you can purchase supplies. **You must have a receipt showing the required purchases and how they were paid. Note:**

REIMBURSEMENTS:

When you are expecting reimbursement, please allow the office at least 2 (two) weeks to process. **You must have receipts and proof of payment.**

The Higher Education Program is designed to assist Tribal Members with tuition and required books and supply costs only. (No miscellaneous items such as clothing, food, etc.).

The Higher Education Office sets up an account with the institution you are attending. They will then bill our office unless otherwise notified (you must submit an **original** of the receipt to the Higher Education Department). The Higher Education Office will then process payment and pay directly to the School or Institution.

If the billing does get sent to you, the student, it is your responsibility to submit it to the office, **with itemized receipt**, ASAP unless otherwise arranged with the Higher Education Office.

GOOD LUCK!!!

I have read and understand all the information stated on this form.

Signature

Date

STUDENT INTERESTS

Community/Tribal activities and involvement

**EMPLOYER OR LAST EMPLOYMENT
(LIST EMPLOYER AND TYPE OF WORK)**

Employer

Type of Work

Recognition & awards (Tribal, Community, Organizations, etc.)

INTERESTS AND/OR HOBBIES

BUDGET FORECAST

Did you file your FAFSA? Yes ___ No ___

Have you received your SAR? Yes ___ No ___

Academic year: _____ to _____