NOOKSACK INDIAN TRIBE EDUCATION DEPARTMENT
REQUEST FOR SERVICES

Return completed application to:
Post Office Box 157,
5066 First Street
Deming, WA 98244
OFFICE (360) 592-6727 FAX (360) 592-1126
aaure@nooksack-tribe.org
dedwards@nooksack-tribe.org

Have you received services from the Nooksack Education Department before? □ NO □ YES

What other services do you need: IF YOU ARE REQUEST MONETARY SUPPORT, MUST SUBMIT INVOICE

□ Personal Enrichment □ GED □ ABE/improve basic skills □ Credit Retrieval □ Tutoring
□ Explore Career Direction □ Computer skills or Keyboarding □ Other _______________________

APPLICANT INFORMATION

Full Legal Name ________________________________________________________________

Former Name(s): if you changed your first or last name, please indicate your full former full name(s)
________________________________

Email Address ____________________________________________________________

Current Mailing Address ______________________________________________________

Home Phone ____________________________ Cell Phone _________________________

EMERGENCY CONTACT INFORMATION

Name ____________________________ Relationship _________________________

Address ________________________________________________________________

Phone ____________________________ Cell Phone _________________________

ACADEMIC HISTORY

High School Graduate □ NO □ YES DATE ________________ GED □ NO □ YES DATE ______

Have you taken a placement test? □ NO □ Compass □ Accuplacer □ Other _____________

Place taken ___________________________________________ Date ________________

Note: you must submit a copy of your high school diploma or GED AND placement test scores to the Education Department

Name of List High School Attended ______________________________________________

REQUEST FOR SERVICES 1
Address of High School ________________________________

Please list all colleges previously attended. Please send official transcripts directly to the Education Department.

<table>
<thead>
<tr>
<th>College/University</th>
<th>Address</th>
<th>Dates of attendance</th>
<th>Degree Earned If any</th>
</tr>
</thead>
</table>

PERSONAL INFORMATION

Date of Birth ______________________________ Social Security Number ______________________________

Are you a US Citizen □ NO □ YES If no, country of citizenship ______________________________

Are you a US Veteran? □ NO □ YES If yes, separation date ______________________________

Marital Status □ Single □ Married □ Separated □ Divorced □ Widow  
GENDER □ M □ F

Tribe Enrolled In  
□ Married to Nooksack  □ Support Nooksack Children  □ Reside in Nooksack Tribe  □ Other

STATISTICAL INFORMATION

First time college student (first time attending any college or university?) □ NO □ YES  
First generation college student (first in your family to attend college?) □ No □ YES

Which Describes you best?  
□ Single with no dependent children □ Single with dependent children  
□ Married with no dependent children □ Married with dependent children  
□ Displaced homemaker □ Person with Disabilities  
□ Economic Disadvantage (poverty) □ Person with Educational Barriers

Are you responsible for elder family members in your home? □ No □ YES

Number of Dependents and ages ______________________________

Do you need childcare? □ NO □ YES

Do you live in: □ Five Cedars □ Rutsatz □ Suchanon □ Sulwhan on □ Whispering Cedars □ False Creek □ Scattered Housing □ Off Reservation □ Other ______________________________

SIGN AND RETURN

Return this signed Application to the Education Department and complete all required Financial Aid paperwork before the quarter you intend to begin attendance.

I certify that, to the best of my knowledge, all statements I have made in this application are complete and true.

Signature ______________________________ Date __________________

REQUEST FOR SERVICES 2
RELEASE OF CONFIDENTIAL INFORMATION

I, ____________________________________ (STUDENT NAME) hereby give my permission for any and all information related to my:

☐ tuition/student account ☐ academic record ☐ Other (please specify)

Be released to the Nooksack Education Department.

Please release this information to:

Nooksack Indian Tribe
Nooksack Education Department
Donia Edwards, Education Director
POB 157
Deming, WA 98244
(360) 592-6727 (360) 592-5708 FAX

Information may be released to the representative named above or other designee of the Nooksack Education Department.

This release of information is valid:

☐ Until I revoke my permission to release such information in writing to the Education Department.

☐ For only these time periods specified: From ________________ to ________________
If the student is under the age 18:

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Parent/Guardian Printed Name</th>
<th>Date</th>
</tr>
</thead>
</table>