



BIA Higher Education, AVT and SIAMSCHA Assistance Applications can be obtained by contacting the Nooksack Indian Tribe Education Office at PO Box 157, Deming, WA 98244 or by calling 360-966-2043 and requesting an application. Applications are also available for download on the Nooksack Indian Tribe’s Education Department website:

<https://nooksacktribe.org/departments/education/>

In addition to completing and signing this application, the Nooksack Higher Education Department requires applicants to provide the following information:

APPLICATION CHECK LIST:	BIA Higher Education	SIAMSCHA	AVT
Acceptance Letter	YES	YES	YES
Essay / statement	250 word essay	Essay not to exceed 1000 words	Statement of education goals & plans
Unofficial Transcripts	YES: New Students	YES: New Students	NO
Documentation you submitted a FAFSA	YES	NO	NO
Program Degree Evaluation	YES	YES	YES
Tribal Enrollment	YES	YES	YES
College Registration / Student Schedule	YES	YES	YES
Invoice / tuition statement	NO	NO	YES
Financial Needs Analysis	YES	NO	YES

Deadlines and Reminders:

- Applications to attend schools on the academic calendar are accepted once per year. The deadline for complete applications is followed by the institutions registration deadline.
- **INCOMPLETE / FRAGMENTED APPLICATIONS WILL NOT BE CONSIDERED FOR FUNDING**
- Applications for AVT funding are considered on a case-by-case basis, there is no set deadline
- Students must reapply for funding each academic year
- All students must update any changes in contact information during the program



Program Expectations and Guidelines

- **Class Schedules:** Please submit each term's schedule to the Employment Career Coordinator as soon as it is available. The schedule should include your name, the number of credits of each course, and class days/times.
- **Grade Reports:** Students will not receive payment for the next term until the Employment Career Coordinator has received the previous term's grade report. It is your responsibility to provide the report to us.
- **Good Standing:** In order to remain in good standing, you must complete twelve (12) credit hours per term and earn at least a 2.0 Grade Point Average (GPA), or the equivalent clock hours as determined by your training institution.



BIA/AVT/TRIBAL HIGHER EDUCATION SCHOLARSHIP APPLICATION

Applying to attend school: Full Time Part Time
Semester: Fall 20__ Spring 20__ Summer 20__
Quarter: Fall 20__ Winter 20__ Spring 20__

I am applying for: BIA Higher Education Grant AVT Grant Siamsha Assistance Program

NAME: _____
LAST FIRST MIDDLE

Mailing Address City State ZIP

Permanent Address City State ZIP

(____) _____
Primary Phone Number Email Address

Tribal Enrollment Number: _____ Student ID: _____ Date of Birth ____/____/____

High School/GED _____

College/School to Attend: _____

School Address City State ZIP

College/School Class: Freshman Sophomore Junior Senior

Expected Degree: AA BA MA/Ph.D.

Major: _____ Year to Graduate: _____

Have you received a previous Higher Education or Adult Vocational Training Grant? Yes No

Have you completed and submitted your Financial Aid Application (FAFSA)? Yes No

Answer all items completely. Incomplete Applications will NOT be processed.

I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to necessary agencies to complete my financial aid package. I request that any BIA grant awarded to me be mailed to the **Financial Aid Office** of the institution in care of me. I will provide a copy of my grades or transcripts to the NIT Education Office at the end of each academic quarter/semester.

Signature of Student Date

For office use only: Student Status: New Returning Transfer Continuing



BIA/AVT/TRIBAL HIGHER EDUCATION SCHOLARSHIP NEEDS ANALYSIS FORM

I. To Be Completed by the Student:

Name: _____ Social Security Number: _____
 (please print)

Email: _____ Telephone: _____

Home Address: _____
 Street or PO Box City State ZIP

Year in College: _____ Full-Time or Part-Time: _____ Tribal Agency: _____

 Signature of Student Date

II. To Be Completed by the Financial Aid Office:

The above named student is applying for the Nooksack Indian Tribe's Higher Education Program for financial assistance to attend your institution. As a condition for receiving tribal assistance, the applicant must annually complete the Free Application for Federal Student Aid and submit the results to your office. Please answer the following questions and return the form directly to our office:

Has the applicant completed the FAFSA and made the results known to your office? ___ Yes ___ No

Expenses		Personal Resources		Other Resources	
Tuition		Personal Contribution		PELL Grant	
Fees		Parent Contribution		State Need	
Books/Supplies		Veteran's Benefit		Loans	
Transportation		CWS		Work Study	
Room/Board		Social Security		Scholarships	
Personal		Voc. Rehab			
Other		Other		Other	
TOTAL		TOTAL		TOTAL	

Student's Unmet Need -

(EXPENSES – PERSONAL and OTHER RESOURCES = Unmet Need)

Higher Education Grant would cover expenses for the period:

_____ to _____ Beginning on _____
 Month/Year Month/Year ()

 Name of Institution Phone

 Address City State ZIP

 Financial Aid Officer Date

Our Academic terms are on: Semester _____ Quarter _____ Other _____
 Student is currently registered as: _____ Full-Time _____ Part-Time _____ Other (please list) _____



BIA/AVT/TRIBAL HIGHER EDUCATION AWARD FUNDING AGREEMENT

Initial each section after reading:

___ I understand that if I am eligible, a Nooksack Higher education award will be made available to me through the financial aid office at the college that I attend.

___ I also understand that this award is to assist my educational expenses while I am enrolled in a college/university and maintaining a 2.0 grade point average or better.

___ I further understand that I am responsible to submit a transcript at the end of each term and class schedule at the beginning of each term; if I fail to submit those documents by the deadline, I may lose my NIT higher education award.

___ I further understand that if I fail to maintain a 2.0 grade point average, I will be placed on academic probation. If I fail to meet a 2.0 grade point average for two consecutive quarters, I will be placed on grant suspension. In order to re-establish eligibility, I must complete one full-time term on with my own resources.

___ I further understand that it is my responsibility to inform the NIT education office if I withdraw for any reason or dropout before the end of the academic quarter/semester and receive 0.0 GPA and 0 credits for the grading period, and that I will be placed on permanent academic probation and may be required to reimburse all awarded funds.

___ I understand that NIT Higher Ed does not pay for repeat classes of F grades. Repeat classes and F grades will be deducted from the award amount. I further understand that I may appeal the decision before the NIT higher Ed Advisory Committee.

___ I understand that I must apply and submit documentation verifying that I have applied to a minimum of two outside scholarships for each academic year I am requesting funding.

___ I agree that I will provide a degree audit at the end of the first year for students and at the end of the third year for bachelor students.

___ I understand that Nooksack Higher Education is not responsible for the repayment of any student loans I may borrow.

___ I understand that all awards are subject to availability

Signature

Date



BIA/AVT/TRIBAL HIGHER EDUCATION SCHOLARSHIP RELEASE OF INFORMATION

PURPOSE: The Nooksack Indian Tribe Education Department uses this authorization and the information obtained with it to administer and determine eligibility for education programs.

AUTHORITY:

___ I provide consent to the Nooksack Indian Tribe Higher Education Grant Program to release any information (which may include name and awards amount(s) received) to the college/university attended while receiving NIT Higher Ed Program Grant Award, upon request. Lastly, I give consent to the college/university listed on this application to release any information pertaining to my financial aid, student account or registration/degree status to the Nooksack Indian Tribe Higher Education Grant Program.

___ All of the above information is true and correct to the best of my knowledge. I understand that any information I provide is subject to federal review. I consent to the release of this and any other relevant information to my agency, college/university Financial Aid Officer, and the Nooksack Indian Tribe Higher Education department, as applicable, in order to determine my aid and to serve the requirements of the NIT higher Ed Grant Program

Student Signature

Date

***Some colleges have their own FERPA (family educational rights and privacy act) form which allows the sharing of information between the student, college and the NIT higher education program.



BIA/AVT/TRIBAL HIGHER EDUCATION SCHOLARSHIP VERIFICATION FORM

As a student you are encouraged to apply for scholarships. In order to receive higher education funds, you must submit verification that you applied for a minimum of two scholarships to help pay for the cost of attending college.

The NIT Higher Education Program is requiring students to apply for at least two outside scholarships so that students will have the opportunity to receive “free” money that can be used toward their college expenses and may reduce or eliminate the need for student loans.

I, _____ hereby agree to submit documentation verifying that I have applied for a minimum of two outside scholarships for each academic year I am requesting funding.

I agree that prior to the first day of classes for the academic year for which I receive funding I will provide documentation showing that I have applied to a minimum of two outside scholarships prior to the first day of the academic year.

The following items are acceptable forms of verifications:

- Scholarship award letter
- Scholarship denial letter
- Scholarship submission confirmation page

I understand that if I do not provide the above required information, I will not receive Tribal funding for the academic year.

I, the undersigned, have read, understand, and agree to abide by the terms and conditions the Higher Education Grant requirement.

Student Signature

Date