



# TRIBAL SCHOLARSHIP RENEWAL APPLICATION

## CHECKLIST:

- \_\_\_\_\_ Complete and sign this **Renewal Application**
- \_\_\_\_\_ Previous Quarter/Semester **Grades**
- \_\_\_\_\_ Current Quarter/Semester **Registration/Class Schedule**
- \_\_\_\_\_ Updated Program of Study or Change of Study If applicable

- BIA HIGHER EDUCATION
- SIAMSCHA TRIBAL ASSISTANCE

## Section A: STUDENT INFORMATION

First Name:	Middle Initial:	Last Name:	Tribal I.D.
Mailing Address:			
Street – P.O. Box – City State Zip			
Date of Birth:	Phone Number	Email:	Student I.D.

## Section B: EDUCATION INFORMATION – YOU MUST COMPLETELY FILL OUT THIS SECTION

Name & Address of Institution Currently Attending: \_\_\_\_\_

Degree:  Associate  Bachelor Enrollment Status:  Freshman  Sophomore  Junior  Senior

Prev. Qtr GPA: \_\_\_\_\_ \*\*Did you complete a Quarterly GPA of 2.0 or better?  Yes or  No

Cumulative GPA: \_\_\_\_\_ \*\*Did you complete a cumulative GPA of 2.0 or better  Yes or  No

Current Amount of Enrolled Credits: \_\_\_\_\_ \*\*Are you enrolled in 12 or more credits  Yes or  No

Prev. Qtr Completed Credits: \_\_\_\_\_ \*\*Did you complete 12 or more credits  Yes or  No

*\*If you answered **No** to any of the above, please schedule a time to meet with the Employment Career Coordinator.*

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

Email Applications to: [Jessica.kelly@nooksack-nsn.gov](mailto:Jessica.kelly@nooksack-nsn.gov)

Mail Applications to: P.O BOX 157, DEMING, WA 98244

**Applications are DUE 15 days AFTER the quarter has ended**  
**\*\*NO FRAGMENTED APPLICATIONS WILL BE ACCEPTED\*\***