

## **Siamscha Assistance Application of Intent**

Name		Email		Phone	
Address		City		State	Zip
Colle	ges or Universities	s attended (start	with most cu	rrent):	
Name & Location of Institution		Dates Attended	ntes Attended Degree/Major/Field of Study		GPA
Were	you a recipient of this so	cholarship in the previ	ous year?	Yes	
Are yo	ou an Enrolled Nooksack			Yes	No
	What is your Tribal #				
A COI	MPLETE APPLICATION	OF INTENT PACKET	includes the fo	llowing in the orde	r listed:
	<b>Signed statement</b> that you intend to enroll in the Fall 2021/22 quarter or semester (as easy as writing/typing a letter of intent to enroll and take full time units and then sign)				
	One (1) letter of reference from a person not related to you, written for this specific application				
	Tribal enrollment CDIB				
	At least a one-page	essay not to exceed	d 1,000 words		
	<ul> <li>Introducing y</li> </ul>	ourself			
		ound including educa	ation, training, ir	nternship, voluntee	r. and work
	•	xtracurricular activit	,	• *	
	the Tribe	Act deditional detivit	ics, icadership,	non you intend to	bive back to
		on & Career Goals			
	Tour Euucatio	on & Career Goals			

## THE REGISTRATION DEADLINE ACCORDING TO YOUR INSTITUTION

In order to be fair to all applicants, only complete applications submitted by the deadline are considered. **No Fragmented applications will be accepted.** No Exceptions.

• How will this scholarship help you achieve your goals?