

APPLICANT INFORMATION		
Academic Year:		
Name:		Email address:
DOB:	SSN:	PHONE:
Current Address:		
City:	State:	Zip code:
COLLEGE/UNIVERSITY INFORMATION		
Name of School:		
School Address:		
City:	State:	Zip Code:
Degree:	Brief Description of Educational Course Plan/Degree Plan/Plan of Study:	
CERTIFICATION		
<p>I certify that the above information is true and correct to the best of my knowledge and I declare that I will adhere to the program requirements as necessary to maintain my eligibility for funding. I also agree to provide an official transcript at the end of each semester for which I was funded. I also grant permission for the University Program listed above to release requested information to the Thlopthlocco Tribal Town Social Services Department. **Please be mindful that concurrent course grades taken during High School will be on your official transcript when applying for future Higher Educational Assistance.</p>		
Applicant Signature:		Date:

OFFICE USE ONLY – Reapplying for following school year ✓ Document Checklist
<ul style="list-style-type: none"> ○ Copy of Tribal Citizenship Card ○ Official Transcripts ○ Class Schedule ○ Copy of H.S. attendance record ○ Copy of Tuition & Fees