



2010-2011 Smith/Ince Family Karuk Descendant Scholarship

✿ THIS COMPETITIVE SCHOLARSHIP IS AVAILABLE ONLY FOR THE 2010-2011 SCHOOL YEAR THANKS TO A DONATION TO THE EDUCATION DEPARTMENT FOR TRIBAL DESCENDANT COLLEGE STUDENTS.

✿ Ten (10) - \$500 one-time competitive scholarships will be awarded for this year

Scholarship Eligibility Requirements/Guidelines:

- ✿ Must be a registered Karuk Tribal Descendant
- ✿ Must be enrolled in a College or University full-time (12 or more units)
- ✿ Must be pursuing a Associate or Bachelor Degree
- ✿ Students are not eligible for this scholarship if they are in default with the Tribe for any loan (including KTHA and all other branches)
- ✿ Students must provide a 1 page typed essay explaining their educational needs, goals, and how they plan to use their education after graduation. This will be a competitive essay.
- ✿ Awards will be determined by the Karuk Education Committee

Application, survey, waiver, verification, transcript and essay must be completed and postmarked on or before July 30, 2010 to be considered for a grant award for the 2010-2011 school year. The financial needs analysis and class schedule will be accepted postmarked no later than September 30, 2010 if your college cannot send it postmarked by the July 30th deadline. FUNDING CANNOT BE GRANTED UNTIL ALL ITEMS ARE RECEIVED.

If you have any questions please do not hesitate to contact Emilio Tripp, Education Coordinator at **1-800-50-KARUK ex. 2034 or (530) 493-1600 ex. 2034.**



Karuk Descendant Scholarship Checklist

The following items need to be filled out completely and returned to the Education Office to be considered for a Higher Education Grant Award:

- KARUK TRIBE HIGHER EDUCATION GRANT APPLICATION
- KARUK COLLEGE STUDENT SURVEY
- PRIVACY ACT STATEMENT WAIVER
- KARUK TRIBAL ENROLLMENT VERIFICATION *(Copy of Tribal ID or CIB from Karuk Tribal Enrollment Department)*
- UNOFFICIAL TRANSCRIPT *(If you attended college last year)*
- ONE PAGE TYPED ESSAY *(explaining their educational needs, goals, and how they plan to use their education after graduation)*
- FINANCIAL NEEDS ANALYSIS *(Included with this packet)*
- CLASS SCHEDULE OR PROOF OF FULL-TIME ENROLLMENT

The Karuk Education Department calls all colleges to confirm the validity of Unofficial Transcripts. Fraudulence will result in an ineligibility status.

Application, survey, waiver, verification, transcript and essay must be completed and postmarked on or before July 30, 2010 to be considered for a grant award for the 2010-2011 school year. The financial needs analysis and class schedule will be accepted postmarked no later than September 30, 2010 if your college cannot send it postmarked by the July 30th deadline. FUNDING CANNOT BE GRANTED UNTIL ALL ITEMS ARE RECEIVED.

Please contact Emilio Tripp, the Education Coordinator if you need any further assistance at 1-800-50-KARUK ex. 2034 or 530-493-1600 ex. 2034.

Mail completed application packets to: Karuk Tribe of California
Education Department
P.O. Box 1016
Happy Camp, CA 96039



Karuk Tribe Smith/Ince Descendant Scholarship Application

Name: _____
Last First Middle Initial

Address: _____
Street or PO City/State/Zip

Permanent/Alternate/Summer Mailing Address: _____

Home Telephone #: (_____) _____ Work or Cell #: (_____) _____

E-Mail Address: _____ Subscribe to scholarship mailing list? Y / N

Karuk Tribal Enrollment Number: _____ Date of Birth: ____ / ____ / ____ Sex: M / F

SS# _____ Marital Status: Single Married Divorced Separated

No. of Dependents: _____ Are you a Veteran? Y / N State of Residency: _____

Name/City/State of High School: _____

Type of High School: BIA Tribal Private Mission Public GED

High School graduation/GED Date (m/y): ____ / ____

Name & Address of College Selected: _____

College Major: _____ Expected Date of Graduation (m/y): ____ / ____

Career Goals/Interest: _____

Are you interested in pursuing your career goals within the Karuk ancestral area? Y / N / Maybe

Degree: AA AS BA BS Other: _____

Year in College: Freshman Sophomore Junior Senior Graduate Overall GPA _____

I will be living: On Campus Off Campus With parents

Have you received the Higher Education grant before? Y / N (*Remember there is a six-year recipient limit)

If yes what school year(s) (y/y)? _____

Do you plan on attending graduate school? Y / N

Is there a Native American support group or program on your college campus? Y / N / I don't know

Are you interested in sharing your college story via short newsletter articles to inspire Karuk youth to believe in themselves to attain college degrees? Y / N / Maybe

 **Karuk College Student Survey** 

Please complete this survey to help the Karuk Education Department move in an effective direction to meet the needs of our Karuk college students. Thank you so much for your highly valued time and input. We are very proud of you, your goals and your achievements. In making the choice and taking the initiative to get a college education, you have completed a step that will encourage more of our people to follow your lead. Thank you very much.

As a Karuk college student what is your greatest obstacle for obtaining your college degree? _____

What are your plans for after graduation and how do plan on utilizing your degree? _____

What kinds of things do you think we can do to encourage youth and other Karuk tribal people to get an education? _____

What would you suggest the tribe do to identify and to create more opportunities for college graduates who wish to return to the Karuk aboriginal territory to live and to use their education to benefit the local tribal community? _____

What other ideas do you have about the kinds of things the Karuk Tribe could do to help you and our tribal people in getting a college education? _____



Privacy Act Statement Waiver

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974) Dec. 31, 1974. Although furnishing personal information to this office is voluntary, failure to supply complete and accurate information may preclude the applicant from eligibility for assistance under this program. This information is being collected to determine eligibility of individuals applying for services. This information will be used to produce statistical records required of the Office of Indian Education Programs. Response to this request is required to obtain a benefit. I hereby certify that the information included in this application is true and correct to the best of my knowledge and consent to the release of this information to necessary agencies to determine and/or continue my eligibility. **I will provide a copy of my grades or transcript to the Karuk Education Department at the end of each semester. I give full permission to the Karuk Tribal Education Department to verify my enrollment, registration, grades and transcripts from all colleges I am currently enrolled in and those that I have previously attended.**

Signature of Student _____ Date: _____

Karuk Community Health Clinic
64236 Second Avenue
Post Office Box 316
Happy Camp, CA 96039
Phone: (530) 493-5257
Fax: (530) 493-5270

Karuk Tribe



Karuk Dental Clinic
64236 Second Avenue
Post Office Box 1016
Happy Camp, CA 96039
Phone: (530) 493-2201
Fax: (530) 493-5364

Administrative Office
Phone: (530) 493-1600 • Fax: (530) 493-5322
64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039



FINANCIAL NEEDS ANALYSIS

TO BE COMPLETED BY THE FINANCIAL AID OFFICER AT SCHOOL OF YOUR CHOICE

Verification of need from your office is requested before action can be taken on this student's application. Please complete and forward this form to the above address:
ATTN: EDUCATION DEPARTMENT.

NAME: _____

SS#: _____ DATE: _____

BUDGET PERIOD: FROM: _____ TO: _____ WHICH WILL START ON: _____

COLLEGE BUDGET: RESOURCES: CAMPUS BASED AND OTHER AID:

TUITION	\$ _____	PARENT CONTRIBUTION	\$ _____	SEOG	\$ _____
FEES	\$ _____	STUDENT CONTRIBUTION	\$ _____	PELL	\$ _____
BOOKS/SUPPLIES	\$ _____	VETERANS BENEFITS	\$ _____	NDSL	\$ _____
ROOM	\$ _____	AFDC/WELFARE	\$ _____	CWS	\$ _____
BOARD	\$ _____	SOCIAL SECURITY	\$ _____	SUG	\$ _____
TRANSPORTATION	\$ _____	STATE (INDIAN)	\$ _____	EOPS	\$ _____
PERSONAL	\$ _____	VOC. REHABILITATION	\$ _____	GSL	\$ _____
CHILD CARE	\$ _____	OTHER	\$ _____	CAL	\$ _____
OTHER	\$ _____			OTHER	\$ _____

TOTAL: \$ _____ TOTAL: \$ _____ TOTAL \$ _____

WE RECOMMEND A STUDENT AWARD OF:

\$ _____

SIGNATURE: _____
FINANCIAL AID OFFICER

DATE _____
Telephone # _____

COLLEGE OR SCHOOL: _____

ADDRESS: _____

YOUR SCHOOL IS ON: SEMESTER _____ QUARTER _____ TRIMESTER _____ OTHER _____