
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

**Administrative Office**

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

Karuk Dental Clinic

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

2011-2012 Higher Education Grant

March 17, 2011

Ayukii Karuk College Student,

Attached is a scholarship application for the 2011-2012 school year. Scholarship amounts are estimated to be around \$850 for the entire school year but have yet to be officially determined by the Education Department's Scholarship Committee and the volume of student applications received. You may also go to the www.karuk.us education webpage for scholarship applications and info. Please try your best to turn all your completed application materials in 2 weeks or more before the due date to ensure that you are eligible and it is received on time.

Please know that the Karuk Tribe is very proud of you and your decision to further yourself in higher education. We know that it is very hard work but that it is only through the attainment of college degrees that our tribal people and all Native Americans will find the courage, knowledge and respect to contribute our indigenous, innovative perspectives to a world in need of it; so that the generations of tomorrow will be able to thrive in a more harmonious future.

Other Educational Opportunities:

The Karuk Student Rent Voucher Program is administered by the Karuk Tribal Housing Authority for enrolled Tribal members who attend a college or university full-time (12 or more units). For more information on this program contact Ashlee King, at the Happy Camp Housing Authority, 1-800-250-5811 or (530)493-5434 ext. 108.

Students interested in assistance to continue their education through an Adult Vocational School should contact Dion Wood, TERO/Child Care/AVT Director, at 1-800-50-KARUK or (530) 493-1600 ext. 2030, for more information about the highly limited financial assistance that may be available to you.

Please feel free to contact the Education Department if you have any questions.

Education Department
(530)493-1600 x2034
1-800-50-KARUK x2034



Higher Education Grant Eligibility Requirements

- Student must be an enrolled Karuk Tribal member.
- Student must be pursuing an AA, AS, BA, or BS degree.
- No funding is available for Graduate Students as per BIA regulations.
- Students must be enrolled full-time. Defined as 12 units or more.
- Students must maintain a 2.0 Grade Point Average every grading term.
- Students must remain in good standing with the educational institution they attend.
- Students are not eligible for grants from the Education Department of the Karuk Tribe if they are in default with the Tribe for any loan.
- Students must reapply for education grants each school year.
- Grant payments are sent directly to the school only after ALL the following paperwork is completed: Grant application, privacy act waiver, Financial Needs Analysis, a copy of student's class schedule, and Karuk Tribal enrollment verification.



EDUCATION DEPARTMENT

Ayukii Students:

THE FOLLOWING ITEM(S) 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**
- _____ **UNOFFICIAL TRANSCRIPTS/COPY OF GRADES** (If you attended college and received HE grant award last year)
- _____ **PRIVACY ACT STATEMENT WAIVER**
- _____ **KARUK TRIBAL ENROLLMENT VERIFICATION** (Copy of Tribal ID or CIB from Karuk Tribal Enrollment Department)
- _____ **FINANCIAL NEEDS ANALYSIS** (Included with this packet)
- _____ **CLASS SCHEDULE OR PROOF OF FULL-TIME ENROLLMENT**

The Karuk Education will be calling colleges to confirm the validity of Unofficial Transcripts. Fraudulence will not be tolerated.

Applications, transcripts, and tribal enrollment verification must be complete and due in the Education Department Office on or before July 29, 2011 to be considered for a grant award for the 2011-2012 school year. The Financial Needs Analysis and final class schedule will be accepted in the office no later than October 28, 2011 if your college cannot send it by the July 29th deadline. FUNDING CANNOT BE GRANTED UNTIL ALL ITEMS ARE RECEIVED.

Please contact the Education Department if you need further assistance at 1-800-50-KARUK ex. 2034 or 530-493-1600 ex. 2034.

**Mail completed applications to: Karuk Tribe
Education Department
P.O. Box 1016
Happy Camp, CA 96039**



2011-2012 Karuk Tribe Higher Education Grant Application

Name: _____

Last

First

Middle Initial

Address: _____

Street or PO

City/State/Zip

Alternate 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

H.S. 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

Signature of Student: _____ Date: _____

OFFICE USE ONLY

HEA PAW TE FNA CS If Applicable: GRD PRB y / n



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 Education Office at the end of each semester. I give full permission to the Karuk Tribe Education Department to verify my enrollment, registration, grades and transcripts from the college I am enrolled in.**

Signature of Student _____ Date: _____

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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 OFFICERDATE _____
Telephone # _____

COLLEGE OR SCHOOL: _____

ADDRESS: _____

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