



Smith/Ince Family Descendants Scholarship

✿ \$1,500 was donated to the Education Program to provide scholarships to Karuk Tribal Descendant college students.

✿ For the 2008-2009 school-year

✿ Six (6) - \$250 one-time scholarships will be awarded

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 an AA or a BA

✿ Applications are due August 1, 2008, as well as supporting documentation, including: class schedule, Financial Needs Analysis, grades or copies of transcripts, and a copy of your Karuk Tribal Descendant ID card or Tribal Enrollment Verification

✿ 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 will provide a 1 page written essay explaining educational goals, how this scholarship will be used and their involvement with the tribe in the future. This will be a competitive essay.

✿ Awards will be determined by the Karuk Education Committee

Applications must be received no later than August 1, 2008 to be considered for this scholarship.

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

SCHOLARSHIP APPLICATION CHECKLIST

ALL OF THE FOLLOWING ITEMS NEED TO BE FILLED OUT COMPLETELY, SIGNED AND RETURNED TO THE EDUCATION OFFICE TO BE CONSIDERED FOR A SCHOLARSHIP:

_____ **KARUK TRIBE, SMITH/INCE FAMILY DESCENDAN SCHOLARSHIP APPLICATION**

_____ **FINANCIAL NEEDS ANALYSIS** (Included with this packet)
***Must be filled out by the Financial Aid Office**

_____ **CLASS SCHEDULE OR PROOF OF FULL-TIME ENROLLMENT**

_____ **KARUK TRIBAL ENROLLMENT VERIFICATION**
***Copy of Tribal ID or verification letter**

_____ **GRADES/TRANSCRIPTS FROM THE LAST 4 YEARS** (unofficial is fine)
***If you attended High School or College**

Please contact Jennifer Goodwin, Education Coordinator if you need any assistance at 1-800-50-KARUK extension 2034 or (530) 493-1600 extension 2034 or by e-mail at jgoodwin@karuk.us.

ALL ITEMS MUST BE COMPLETE AND RETURNED NO LATER THAN August 1, 2008.



Karuk Tribe of California
Smith/Ince Family Scholarship Application for Karuk Descendants

Name: _____
Last First Middle Initial

Address: _____ City: _____

State: _____ Zip: _____

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

Date of Birth: ____ / ____ / ____ Sex: Male Female SS# _____

E-Mail Address: _____

No. of Dependents: _____ Are you a Veteran? Yes No

State of Residency: _____ Karuk Descendant Enrollment Number: _____

Name and Address of High School: _____

Type of High School: BIA Tribal Private Mission Public GED

Graduation/GED Date: ____ / ____ Academic Year Applying for: ____ / ____
Mo./Yr. Yr./Yr.

Name & Address of College Selected: _____

College Major: _____ Expected Year to Graduate: _____

Degree: AA AS BA BS Other: _____

Year in College: Freshman Sophomore Junior Senior Graduate

I will be living: On Campus Off Campus With parents

Statement of Education Purpose: I declare that I will use any funds I receive from the Karuk Tribe Education Department solely for expenses while attending school at:

Signature of Student: _____ Date: _____

Privacy Act Statement

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.**

Signature of Student _____ Date: _____

KARUK TRIBE OF CALIFORNIA

Education Office
P.O. Box 1016
Happy Camp, CA 96039
(530) 493-5305 Fax (530) 493-5322

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 _____