



Karuk Tribe of California Higher Education Grant Application

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: _____

Marital Status: Single Married Divorced Separated

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

State of Residency: _____ Karuk Tribal Enrollment Number: _____

Name and Address of High School: _____

Type of High School: BIA Tribal Private Mission Public GED

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

Have you received our grant before? Yes No If yes what Year(s) _____

Statement of Education Purpose: I declare that I will use any funds I receive under the Karuk Tribe Higher Education Grant Program solely for expenses with attendance 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: _____