

**COUNCIL FOR TRIBAL EMPLOYMENT RIGHTS
"ITCHE SHIKAAKE"**

2017 SCHOLARSHIP APPLICATION

(Please Print)

Today's date:											
PERSONAL INFORMATION											
Last name:		First:		MI:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.		<input type="checkbox"/> Miss <input type="checkbox"/> Ms.		Marital status (circle one) Single / Mar / Div / Sep / Wid	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, what is your legal name?		(Former name):		Birth date: / /		Age:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Street address:			Social Security no.:			Home phone no.:					
P.O. Box:			City:		State:		ZIP Code:				
EDUCATION INFORMATION											
Name of High School from which you graduated: >>>>						Year:					
Name and address of Selected/Enrolled College/ University/ Technical/ Vocational School:						Business phone no.:					
Address/P.O. box:						City:		State:		ZIP Code:	
Are you currently enrolled in a College or University? <input type="checkbox"/> Yes <input type="checkbox"/> No If checked "Yes" box, which of the following is your enrollment status:											
Less than 12 hours: <input type="checkbox"/> 12 Hours or more: <input type="checkbox"/> OTHER: <input type="checkbox"/>											
Are you receiving other Financial Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No If Marked "Yes" box please indicate:											
Amount: \$					Amount of need: \$						
Expected Graduation Date of Graduation: (from College or University) (Example: SPRING 2017) Semester: _____ Year: _____											
Expected Degree: AA <input type="checkbox"/> BA <input type="checkbox"/> AS <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> OTHER: _____						College Major: _____					
What is your best score on either the ACT or SAT Test?											
ACT		SAT		What is your High School Grade Point Average?							
01 - 12: _____		No. EQUIVALENT: _____		1.00 - 1.99: _____							
13 - 19: _____		No. EQUIVALENT: _____		2.00 - 2.69: _____							
20 - 22: _____		840 - 1050: _____		2.70 - 3.19: _____							
23 - 25: _____		1060 - 1300: _____		3.20 - 3.59: _____							
26 - + : _____				3.60 - + : _____							
If you did not graduate from High School, Have you passed the GED test? <input type="checkbox"/> Yes <input type="checkbox"/> No											
TRIBAL INFORMATION											
What is your Tribal Affiliation?		TRIBE:			TRIBAL ENROLLMENT#:						
Of which TERO REGION are you a resident? (Example: SOUTHERN PLAINS, EASTERN, SOUTHWEST, GREAT LAKES, ROCKY MOUNTAIN, ETC.)											
TERO REGION: _____											
WARNING											
ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT OR MISREPRESENTATION ON THIS SCHOLARSHIP APPLICATION IS SUBJECT TO DISQUALIFICATION.											
Applicant's signature						Date					

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CERTIFICATION

I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE UNITED STATES OF AMERICA, THAT THE FOLLOWING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I CONSENT TO THE RELEASE OF THIS INFORMATION TO THE NECESSARY AGENCIES TO COMPLETE MY CTER SCHOLARSHIP APPLICATION. I UNDERSTAND THAT ANY GRANT AWARDED TO ME WILL BE MAILED IN MY NAME TO THE FINANCIAL AID OFFICE AT MY SCHOOL OF ENROLLMENT. I FURTHER UNDERSTAND AND ACKNOWLEDGE THAT I WILL PROVIDE A COPY OF MY GRADES AND TRANSCRIPT TO THE CTER OFFICE AT THE END OF EACH SEMESTER.

I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND THE CONTENT OF THIS APPLICATION PACKET.

SIGNATURE OF APPLICANT: _____

DATE: _____

**SIGNATURE OF PARENT/GUARDIAN: _____
(If applicant is under age 18)**

DATE: _____

FOR CTER OFFICE USE ONLY

Received By: _____

Date: _____