

**SAUK-SUIATTLE INDIAN TRIBAL SCHOLARSHIP
FUND
POLICIES AND PROCEDURES**

It is the policy of the Sauk-Suiattle Indian Tribe to encourage all members to seek higher education. Funds are appropriated from the Sauk-Suiattle Indian Tribe's Gaming Money to aid Sauk-Suiattle Native American students in meeting their educational goals.

PRIORITY FUNDING

1. Funds are allocated on first come, first served basis for the entire school year.

ELIGIBILITY

1. Must be an enrolled member of the Sauk-Suiattle Indian Tribe.
2. Be at least 17 years of age.

APPLICATION PROCEDURE

All steps listed below must be completed and required forms turned into the Sauk-Suiattle Education Department for funding consideration for the following academic year.

NO AWARDS WILL BE MADE UNTIL ALL INDICATED DOCUMENTS ARE ON FILE.

1. Student completes the Sauk-Suiattle Gaming Scholarship application form. These forms are available from the Sauk-Suiattle Education Department. The completed form shall be mailed or delivered to:

Sauk-Suiattle Education Department
5318 Chief Brown Lane
Darrington, WA 98241
2. Student completes financial aid (FAFSA) form, if registered for six or greater credit hour class load. This form can be accessed at www.fafsa.ed.gov
3. Student attaches a copy of the "Letter of Acceptance" from college or copy of the "registration form"; if applicable.
4. Student shall provide the Education Department with a verification of enrollment in the Sauk-Suiattle Indian Tribe.
5. Student forwards a copy of the response from the FAFSA.
6. Student attending college needs to file IRS withholding form W-9 at Sauk-Suiattle Finance Department and Finance Department forwards a copy to Education Department
7. five (5) business days of receiving all required application forms.

Applications are considered throughout the year based on the date the application Education Department notifies applicant in writing of the application status within is received at the Education Department and the availability of funds. The amount the scholarship will not exceed \$1000.00 per person per quarter or \$1,500.00 per person per semester

STUDENTS RESPONSIBILITIES

1. Student submits a current grade report at the end of each quarter/semester. This must be done or funds for the next quarter/semester will not be released
2. Any incompletes must be made up within two (2) weeks before the quarter ends.
3. If you withdraw from class, you will need to submit an explanation to the Education Director.
4. When a student receives funds and withdraws or drops early from the institution, refunded or unused awards will be given back to the Sauk-Suiattle Indian Tribe or it will be deducted from tuition on the next quarter.
5. Students must maintain a 2.0 grade point average or a “pass” in a “pass/fail” credit course or a certificate of completion.
6. If requesting classroom allowance the student will be responsible for filling out classroom allowance forms and obtain signatures from the instructors
7. Classroom Allowance is set at \$4.00/hour and not to exceed thirty (30) hours: per week.

SAUK-SUIATTLE EDUCATION COMMITTEE

The Education Committee shall review eligibility and award scholarship funds as annually budgeted by the Tribal Council.

The Education Committee shall have an administrative right to draft or adopt the necessary forms to administer the program.

The committee shall be no more than five (5) members. The committee shall have no more than two (2) council members on the board. The committee shall designate a Chairperson, Vice-Chairperson and Secretary/Treasurer.

Chairperson role: To proceed over the meetings and keep order.

Vice Chairperson role: To proceed over the meetings when chairperson is absent.

Secretary/Treasurer role: To take minutes for the meetings and to present budget report.

Steps to follow:

1. The Sauk-Suiattle Education Committee shall review and approve all applications for the scholarship money. The Education Director will notify the applicant of the status of their application. If an applicant is denied funding, the applicant can appeal the decision in writing within five (5) business days. See appeal process below.
2. Once the Education Committee approves the application, the Education Director will submit a purchase order for payment, subject to the availability of funds.
3. With the exception of the classroom allowance, all payments will be submitted directly to the institution and/or instructor providing the education service; Finance Department may release classroom allowance funds to the student with prior Education Committee's approval.
4. The Sauk-Suiattle Tribal Council shall act as a hearing board for grievances.

APPEAL PROCESS:

1. Student to make a written appeal to the General Manager within five (5) business days of receipt of registered mail.
2. General Manager to acknowledge having received appeal petition within one (1) business day. General Manager shall forward a courtesy copy to the Education Director, Higher Education Committee, and Sauk-Suiattle Tribal Council.
3. Appeal will be scheduled as part of the next regular Sauk-Suiattle Tribal Council Meeting in an Executive Session.
4. Sauk-Suiattle Tribal Council's decision shall be in writing within 10 business days and is final.

SEVERABILITY

If any provision of this ordinance or its application to any person, entity or circumstance is held to be invalid, the remainder to the ordinance shall not be affected.

NON-WAIVER OF SOVEREIGN IMMUNITY

The sovereign immunity of the Sauk Suiattle Indian Tribe shall in no manner be waived by this Title. The Tribal Council, Court personnel, employees and Tribal Representatives are cloaked with the sovereign immunity of the Sauk Suiattle Indian Tribe and thus shall not be subject to liability due to any incidents or facts arising under this Title. (Proposed and added 1016/01)

CERTIFICATION: SSIT Resolution #:

We, the undersigned, as Chairman and Secretary of the Sauk-Suiattle Tribal Council, do hereby certify that a quorum was present at a Tribal Council meeting held on: April 10, 2003

With a vote of: [4] For [0] Against [1] Abstain [2] Absent

Jason L. Joseph, Chairman

Norma A. Joseph, Secretary

NOTARY

SUBSCRIBED AND SWORN to before me this _____ day of _____
Year of _____.

(Seal)

Notary Public in and for the State of Washington

Commission Expires: _____

Sauk-Suiattle Tribal Scholarship Fund
 5318 Chief Brown Lane
 Darrington, WA 98241

Scholarship Checklist:

Name & Address _____ Application Sent on: _____
 _____ School Year: _____
 _____ Start Date: _____
 _____ Major: _____
 Telephone: (____) _____

Date Received	Needed From Applicant	
1. _____	_____	Higher Education Grant Application
2. _____	_____	Transcript: Complete High School ----- or GED Certificate -----
3. _____	_____	Financial Aid Form
4. _____	_____	Letter of Acceptance form (College/University) (Provided only when changing schools or if not Enrolled previous quarter.)
5. _____	_____	Copy of Birth Certificate, or Verification of enrollment.
6. _____	_____	Student Needs Assessment form; sent to: School: _____ Date: _____

**Sauk-Suiattle Tribal Scholarship Fund 2010/2011
Higher Education Application**

Applicant Name: _____

Mailing Address: _____

Telephone: _____

- 1) Date of Birth: _____
- 2) Tribal ID #: _____
- 6) Social Security #: _____
- 7) Gender: ___ Male ___ Female
- 8) Student Marital Status: ___unmarried ___married ___separated ___divorced
- 9) Age of Dependents: _____
- 10) High School Name and date graduated: _____

Or

- 11) GED and date received: _____
- 12) Name of College(s) to which you have applied (list in order of preference:
 - 1. _____ 2. _____
 - 3. _____ 4. _____
- 13) Intended College major: _____
- 14) Year in College: ___freshman ___sophomore ___junior ___senior _____Training
- 15) Number of credits you intend to carry: ___ less than 12 ___12-15 ___more than 12
- 16) Where will you live while attending college: ___dormitory ___apartment ___parent's home
- 17) _____ Other

STATEMENT OF GOALS: In the space provided below, discuss your personal motivation for seeking _____. Explain your career objectives and reasons for choosing them. What commitment can you make back to the Tribe by gaining the knowledge or skills from the courses you are planning to take? Also include any information you feel the Sauk-Suiattle Education Department needs to know in order, to determine your grant.

Use the space on the back of this form if more space is needed.

Certification: If eligible, I understand that an Award will be made available to me through the Financial Aid or Business Office at the college I attend. I also understand that this award is for my educational expenses while I am enrolled in college or training. I must maintain a 2.0 GPA or better each term, a pass for a pass/fail course or a certificate of completion. I am to send copies of grades or certificate of completion at the end of each term.

I certify that all the above information is correct to the best of my knowledge. I understand that any information I provide is subject to Review and consent to the release of this and any other information to the Agency, College Financial Aid Officer and the Tribal Scholarship Committee, as applicable, in order determine my aid.

Date: _____ Signature: _____

**SAUK-SUIATTLE INDIAN TRIBE
FINANCIAL NEED ASSESSMENT FORM**

STUDENT NAME: _____ **SS#:** _____

I authorize _____ and the Sauk-Suiattle Indian Tribe to release and exchange information and grade reports. This information will be used to help determine my eligibility for funds.

STUDENT SIGNATURE: _____ **DATE:** _____

NOTE: ** If a student is receiving AFDC or SSI, we will only consider tuition, fees, books, and supplies.

SCHOOL COMPLETE THE FOLLOWING:

Student Expense

Student Contributions

Tuition & Fees \$ _____
 Books & Supplies \$ _____
 Room & Board \$ _____
 Transportation \$ _____
 Personal Expenses \$ _____
 Childcare \$ _____

Student Contribution \$ _____
 Summer Savings \$ _____
 Parent Contribution \$ _____
 Spouse Contribution \$ _____
 Social Security \$ _____
 Veteran's Benefits \$ _____

Total \$ _____

Total \$ _____

FEDERAL AID & STATE AID

	Fall 20	Winter -	Spring 20
Pell Grant			
SEOG			
Stafford Loan			
CWS			
SNG/SSIG			
Tuition Waiver			
Childcare Grant			
SWS			

Financial Aid Signature _____ **Total Budget:** _____

Title: _____ **Phone:** _____ **Minus Student Contributions:** _____

Minus Financial Aid Award: _____

Equals Unmet Need: _____

Tentative Award: _____ **Final Award:** _____

SSIT FORM: 2006

Authorization to Release Information

I, _____, hereby authorize the Higher Education Program to review and / or receive the following kinds of information about me.

- 1. A copy of the response from the College Scholarship Service. (FAF)
- 2. A copy of my GED Certificate, High School Diploma or College Transcript.
- 3. A copy of Financial Aid Package Awarded by my College/University Financial Aid Office.
- 4. A copy of other colleges/universities I have attended.
- 5. A copy of results of standardized achievement tests.
- 6. A copy of the college/university student needs assessment form.
- 7. Commitments form other funding sources.

I understand the information received will be used to assist me in entering the Higher Education Program.

I understand the above information will enable the Tribal higher Education staff to Compile and complete all necessary documents that are required before and after entering the Higher Education Program.

I also understand that all education/employment information that I provide to the Higher Education Program and staff will determine whether or not I'll be eligible to receive program benefits.

Signature: _____

Date: _____

Please refer to the Privacy Act Information, which appears on the next page.

Privacy Act Information

The Privacy Act Information signed by you will ensure that the personal documents in your file will not be used or reviewed by anyone who does not have a reason to do so.

When you sign the release be sure you understand who will be using your files, and what they want to do with them. If you don't want the persons identified to view your files do not sign. However, in most cases, information about you must be shared with program staff in order to determine whether or not you are eligible to receive program benefits.

The Privacy Act of 1974 means that you determine:

- WHO CAN LOOK AT YOUR FILE
- WHAT THEY MAY DO WITH THAT INFORMATION

United States, Department of the Interior, Bureau of Indian Affairs

Management of student records under Privacy Act

Authority with authorize collection of information: 25 U.S.C. 13; 62 BIAM 5

**SAUK-SUIATTLE TRIBAL SCHOLARSHIP FUND
EDUCATION PROGRAM
ENROLLMENT/CIB CERTIFICATION**

The individual named below applied for Education Assistance. **The individual named below authorizes your release of the requested information.** The information you provide will be used only for determining the individual's eligibility for the SSIT Education Program. We are required to complete our verification process in a timely manner and thus appreciate your prompt response.

To release of the following information: Verification of Enrollment
 Certified copy of Birth Certificate Marriage Certificate
 Death Certificate Certified Indian Blood

I _____, DOB: _____ hereby authorize
FROM: Sauk-Suiattle Indian Tribe Phone #: 360-436-0131
Tribal Address: 5318 Chief Brown Lane Fax #: 360-436-1511
Darrington, WA 98241

To: Sauk-Suiattle Indian Tribe, Education Director, 5318 Chief Brown Lane,
Darrington, WA 98241. Phone Number: 360-436-0131 FAX: 360-436-1511

The release is effective this _____ day of _____, 2006.

AUTHORIZING SIGNATURE

Print/Type Legal name: _____

Legal Signature: _____

Date: _____