

**Samish Indian Nation  
Higher Education Assistance Application**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ SS # \_\_\_\_\_

\_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email address \_\_\_\_\_ Tribal Enrollment# \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Dependents (ages) \_\_\_\_\_

High School/GED \_\_\_\_\_ Graduated \_\_\_\_\_

**College or University contact information:**

Institution name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Financial Aid Office phone \_\_\_\_\_

Financial Aid Office fax \_\_\_\_\_

Intended Major: \_\_\_\_\_

Year in College: \_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore

\_\_\_\_\_ Junior \_\_\_\_\_ Senior

\_\_\_\_\_ Semester Studies Begin: \_\_\_\_\_ End: \_\_\_\_\_ Anticipated Graduation

\_\_\_\_\_ Qtr Studies Begin: \_\_\_\_\_ End: \_\_\_\_\_ Date \_\_\_\_\_

Number of credits you intend to carry:  
\_\_\_\_\_ Less than 12 \_\_\_\_\_ 12 to 15 \_\_\_\_\_ More than 15

Residence while attending college:

\_\_\_\_\_ Dormitory \_\_\_\_\_ Rental Unit \_\_\_\_\_ Own Home \_\_\_\_\_ Parent's Home

**Family Information:**

Father's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ Tribe \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ Tribe \_\_\_\_\_

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STATEMENT OF GOALS: In the space provided below discuss your personal motivation for seeking a college degree. Explain your career objectives and reasons for choosing them. Also include any information you believe the Tribe should know in order to determine your grant.

CERTIFICATION: If eligible, I understand that a Samish Indian Nation Education Assistance Award will be made available to me through the Financial Aid office of the college I attend. I also understand that this award is for my educational expenses while I am enrolled in college and maintaining at least 12 credits of college transferable credit per term and a 2.50 GPA or better each term.

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

Date \_\_\_\_\_

Signature \_\_\_\_\_