

**Samish Indian Nation  
Renewal of Education Assistance**

Current School Year \_\_\_\_\_

Name \_\_\_\_\_

School Address \_\_\_\_\_  
\_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

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

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

**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

\*\*\*\* BE SURE TO SUBMIT TRANSCRIPTS FROM MOST RECENT QUARTER OR SEMESTER  
AND CURRENT FAFSA \*\*\*\*

**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 or technical training and maintaining at either full time or part time or part time status and a 2.50 GPA or satisfactory 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 or university Financial Aid officer, and the Tribal Health & Human Services Committee, as applicable, in order to determine my aid.

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Date \_\_\_\_\_

Signature \_\_\_\_\_