Quinault Indian Nation
PO Box 189 | Taholah, WA 98587 | Phone: 360.276.8215

Post-Graduate Endowment Fund Scholarship 2024-2025

Quinault Business Committee is opening the Post-Graduate Endowment Fund (PGEF) Scholarship to any postgraduate academic or professional degree. This means that any qualifying person who has been accepted into a postgraduate program can apply.

Not all applicants are guaranteed funds. The PGEF Scholarship has LIMITED funding.

The postgraduate scholarship requires a reinvestment agreement, which states you will work for QIN, QNEB or an approved Quinault serving organization for 3-5 years (depending on degree you are seeking). Selection of candidates will be based on needs of the Nation.

Post-Graduate Endowment Fund Scholarship Application

Deadline Dates:

Fall Quarter: June 28th, 2024 Fall Semester: June 28th, 2024

Contacts:

M'Liss DeWald, PGEF President - mliss.dewald@quinault.org
Tashia Arnold, PGEF Secretary - tashia.arnold@quinault.org
Carly Martin, PGEF Education Representative - carly.martin@quinault.org

SUBMIT APPLICATIONS TO: scholarships@quinault.org

Application Checklist

- ☐ QIN PGEF Scholarship Application – *page 2*
- ☐ Personal Statement of Educational Goal - *please attach*
- ☐ Copy of Certificate of Enrollment – *contact enrollment office for this*
- ☐ Copy of Acceptance to Graduate Program or Proof of Application if acceptance date has not passed (with the understanding funds will only be distributed with proof of acceptance).
- ☐ Transcript (college if applying for master's degree, master's degree if applying for doctoral
- ☐ program)
- ☐ Quinault Release of Information and Student Needs Analysis – *page 3-4,* (must submit prior to funds being distributed)

Once accepted:

- ☐ Signed Reinvestment Agreement
  - Master's Degree 3 years
  - Doctorate Degree 5 years

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QIN Post-Graduate Financial Aid Scholarship Application

Student Information:

Student Name: _____ Date of Birth: _____
Last First M.I. Maiden

Physical Address: _____
Street City State Zip Code

Mailing Address: _____
(if different than physical) *Street/Box City State Zip Code*

Student Cell Number: _____ Home Phone: _____

Student Email Address: _____

Quinault Indian Nation Enrollment Number: _____ ***(please also submit a Certificate of Enrollment, Tribal ID will not be considered)***

Marital Status: ☐ Single ☐ Married

Number of Dependents: _____ Age of Dependents: _____

Education Information:

Name of college/university: _____

Student ID #: _____

☐ Quarter System ☐ Semester System

Will you be attending: ☐ Entire Academic Year (including summer) ☐ Fall through Spring Only, with summer off

Degree Sought: ☐ Masters ☐ Doctorate

Expected Graduation Date: _____

As a part of this scholarship, I am also willing to participate in QIN sponsored leadership classes or programs to help me professionally develop:

☐ Yes. ☐ No.

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RELEASE OF INFORMATION - STATEMENT OF EDUCATIONAL PUPROSE

I declare that I will use any funds I receive under High Education grant program solely for expenses associated with attendance at:

_____

Name of College or University

PRIVACY ACT

This information is provided to Public Law 93-579 (Privacy Act of 1974), December 31, 1974. Although furnishing personal information to this office if 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 above information on this form is true and correct to the best of my knowledge and consent to the release of this information to necessary agencies to complete my financial aid package. I request that any BIA grant awarded to me be mailed to me in care of the financial aid office of the institution. I will provide a copy of my grades or transcript to eh Higher Education Office at the end of each academic term.

RELEASE OF INFORMATION

Under the Federal Privacy Act of 1974, Federal Agencies cannot release your personal information without your authorization and the Quinault Indian Nation Education Program is subject to these restrictions. A release from the student allows the Education Department to explore alternative sources of assistance that may aid the individual student. Your application and records are considered privileged information and will be kept confidential.

I have read and understand the above statement regarding my Privacy Rights and the purposes for which information about me will be used by the Quinault Indian Nation Education Department staff.

I authorize the release of information about myself and my educational background to the Quinault Indian Nation Education Department to help me secure financial assistance.

☐ YES ☐ NO

Student Name (Print): _____ Date:_____

Student Signature: _____

Student ID #: _____

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QUINAULT EDUCATION PROGRAM – NEEDS ANALYSIS

Students must submit this to their institutions financial aid office to be completed by a financial aid officer. It is the responsibility of the student to get this form back to QIN Education. ***QIN Education will NOT distribute funds until this is completed and received.***

College Financial Aid Officer:

*Student: _____ *Student ID #: _____

*Address: _____ *Academic Year: _____

_____ *Fall ☐ *Winter ☐ *Spring ☐ *Summer☐

*College: _____

*Address: _____ *Starting Date: _____

_____

State Residency
☐ Resident
☐ Non-Resident

Housing Status
☐ On Campus
☐ Off Campus
☐ Living with Parents

Marital Status
☐ Single
☐ Married
_____ # of Dependents

Student Considered: ☐ Independent ☐ Dependent ☐ Ineligible for Funding

Student Completed FAFSA: ☐ Yes, our records show FAFSA was completed ☐ No, our records do not show FAFSA was completed

Students File:	**1)** Incomplete cannot be considered for funding	☐		
	If incomplete, please list documentation needed:	_____		
	2) Complete and considered for funding	☐		
	Actual Award: _____	Estimated Award _____		

STUDENT BUDGET - ***For Full Academic Year – 3 Quarters or 2 Semester***		**STUDENT RESOURCES**	
Tuition and Fees	$	Student Contribution	$
Room and Board	$	Spouse Contribution	$
Books	$	Parent Contribution	$
Personal Expenses	$	Social Security	$
Transportation	$	Veteran's Benefit	$
TOTAL	$	**TOTAL**	$

COLLEGE AID AWARDED

	FALL	WINTER	SPRING	SUMMER	**TOTAL**
SCHOLARSHIP 1					
SCHOLARSHIP 2					
LOAN 1					
LOAN 2					
TUITION WAIVER					
COLLEGE WORK STUDY					
OTHER					
TOTAL AWARD	$	$	$	$	$

_____	_____	_____
Financial Aid Officers Signature	Title	Date

Name: _____ Telephone: (_____) _____

TO STUDENT: READ, SIGN AND RETURN THIS FORM TO THE QUINAULT NATION EDUCATION DEPARTMENT

I hereby verify that I have read, understand and agree with the above information provided by the Financial Aid Officer listed on this Needs Analysis Form (Financial Aid Package).

_____ _____
Student Signature Date