

**Kletsel Dehe Wintun Nation**  
**Education Assistance Program**  
**TUITION ASSISTANCE**

Below are descriptions of the forms of education assistance available to all enrolled citizens of the nation. Please carefully read the materials provided to you along with your assistance application regarding the requirements of each form of educational assistance.

**Tuition Assistance**

Average tuition assistance award amount may range from \$500- \$6,000 per school year, depending on education assistance funding available. Students that remain in good standing (defined as 2.0 GPA) are eligible to continue to receive this assistance in subsequent years, depending on the availability of education assistance funds and student eligibility requirements.

**GED Test Fee Assistance**

Assistance is available to tribal citizens for the cost of the General Education Degree (GED) test fee. The assistance is good for one test per year. Please note that re-test fees are not covered by this assistance. If the State test center does not accept direct payment, the cost of the test may be reimbursed to you so long as you submit an application and all required documents for reimbursement within sixty (60) calendar days of when the test was taken.

Please feel free to contact the Kletsel Dehe Wintun Nation Tribal Office during operational hours and ask to speak with an education assistance coordinator if you have any questions.

Kletsel Dehe Wintun Nation  
Tribal Office  
Education Assistance Program  
570 6<sup>th</sup> Street  
P.O. Box 1630  
Williams, CA 95987  
Ph:(530)-473-3274  
Fx:(530)-473-3301  
Email: [Info@kletseldehe.org](mailto:Info@kletseldehe.org)

## **Higher Education Assistance Requirements**

- ☐ Student must be an enrolled citizen of the Kletsel Dehe Wintun Nation.
- ☐ Student must be pursuing a degree from an accredited university/college
- ☐ Students must be enrolled full-time which is defined as 12 unites or more.
- ☐ Students must maintain at least a 2.0 Grade Point Average (GPA) or greater, every grading term.
- ☐ Students must remain in good standing with educational institution they attend.
- ☐ Students are not eligible for assistance from the Education Assistance Program if they owe funds to the Kletsel Dehe Wintun Nation.
- ☐ Students must submit an updated application for education assistance for each school year they are requesting assistance in.
- ☐ Assistance payments are sent directly to the school only after ALL of the following is completed.
  - Assistance Application
  - Privacy Act Waiver (PAW)
  - Financial Needs Analysis (FNA)
  - A copy of student's class schedule

# **KLETSEL DEHE WINTUN NATION EDUCATION ASSISTANCE PROGRAM**

## **TUITION ASSISTANCE**

**Program Year 2020-2021**

THE FOLLOWING ITEM(S) NEED TO BE FILLED OUT COMPLETELY AND RETURNED TO THE TRIBAL OFFICE TO BE CONSIDERED FOR HIGHER EDUCATION ASSISTANCE (HEA) AWARD:

- \_\_\_\_\_ **KLETSEL DEHE WINTUN NATION HIGHER EDUCATION ASSISTANCE APPLICATION**
- \_\_\_\_\_ **UNOFFICIAL TRANSCRIPTS/COPY OF GRADES** (If you attended college and received HE award last year)
- \_\_\_\_\_ **PRIVACY ACT STATEMENT WAIVER**
- \_\_\_\_\_ **FINANCIAL NEEDS ANALYSIS** (Included with this packet, to be completed by the Financial AID Officer of your School)
- \_\_\_\_\_ **CLASS SCHEDULE OR PROOF OF FULL-TIME ENROLLMENT**

**A Kletsel Dehe Wintun Nation Education Assistance Coordinator will be contacting college/universities to confirm the validity of the unofficial transcripts.**

**Applications, transcripts, must be complete and submitted to the Tribal Office on or before July 3, 2020 to be considered for an education assistance award for the 2020-2021 school year. The Financial Needs Analysis and final class schedule will be accepted in the office no later than October 31, 2020 if your college cannot send it by the July 31, 2020 deadline. FUNDING CANNOT BE GRANTED UNTIL ALL ITEMS ARE RECEIVED.**

Please contact a Tribal Education Program Coordinator if you need further assistance at 530-473-3274.

**Mail completed applications to:**     **Kletsel Dehe Wintun Nation  
ATTN: Education Assistance Program  
P.O. Box 1630  
Williams, CA 95987**

**Or Email to:**                             **Info@kletseldehe.org**

# Kletsel Dehe Wintun Nation Tuition Assistance Application

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street or P.O. Box City/State/Zip

Home Telephone #: (\_\_\_\_\_) \_\_\_\_\_ Work or Cell #: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Kletsel Dehe Wintun Nation  
Tribal Enrollment Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M / F

Name/City/State of High School: \_\_\_\_\_  
\_\_\_\_\_

Type of High School: ☐ BIA ☐ Tribal ☐ Private ☐ Mission ☐ Public ☐ GED

H.S. graduation/GED Date (m/y): \_\_\_\_/\_\_\_\_

Name & Address of College Selected: \_\_\_\_\_  
\_\_\_\_\_

College Major: \_\_\_\_\_ Expected Date of Graduation (m/y): \_\_\_\_/\_\_\_\_

Career Goals/Interest: \_\_\_\_\_

Are you interested in pursuing your career goals within the service area of the Nation? Y / N / Maybe  
(e.g., Counties of Glenn, Colusa, Yolo, or Sacramento)

Financial Aid Officer: Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Student ID# \_\_\_\_\_

Degree: AA AS BA BS Other: \_\_\_\_\_

Year in College: Freshmen: Sophomore: Junior: Senior: Graduate: Overall GPA: \_\_\_\_\_

Have you received the higher education assistance before? Y / N

If yes what school years(s) (y/y)? \_\_\_\_\_

Is there a Native American support group or program on your college campus? Y / N / I don't know

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

# FINANCIAL NEEDS ANALYSIS

## TO BE COMPLETED BY THE FINANCIAL AID OFFICER AT THE SCHOOL OF YOUR CHOICE

Verification of need from your office is requested before action can be taken on this student's application. Please complete and forward this form to:

Kletsel Dehe Wintun Nation

By Mail:

P.O. Box 1630

Williams, CA 95987

ATTN: EDUCATION ASSISTANCE PROGRAM

Or Email:

Info@kletseldehe.org

STUDENT NAME: \_\_\_\_\_

STUDENT IDENTIFICATION#: \_\_\_\_\_

BUDGET PERIOD: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ WHICH WILL START ON: \_\_\_\_\_

### COLLEGE BUDGET:

TUITION \$ \_\_\_\_\_  
FEES \$ \_\_\_\_\_  
BOOK/SUPPLIES \$ \_\_\_\_\_  
ROOM \$ \_\_\_\_\_  
BOARD \$ \_\_\_\_\_  
TRANSPORTATION \$ \_\_\_\_\_  
PERSONAL \$ \_\_\_\_\_  
CHILD CARE \$ \_\_\_\_\_  
OTHER \$ \_\_\_\_\_

### RESOURCES:

PARENT CONTRIBUTION \$ \_\_\_\_\_  
STUDENT CONTRIBUTION \$ \_\_\_\_\_  
VETERANS BENEFITS \$ \_\_\_\_\_  
TANF/WELFARE \$ \_\_\_\_\_  
SOCIAL SECURITY \$ \_\_\_\_\_  
STATE (INDIAN) \$ \_\_\_\_\_  
VOC. REHABILITATION \$ \_\_\_\_\_  
OTHER \$ \_\_\_\_\_

### CAMPUS BASED AND OTHER AID:

FASFA \$ \_\_\_\_\_  
BOG \$ \_\_\_\_\_  
PELL \$ \_\_\_\_\_  
CWS \$ \_\_\_\_\_  
SUG \$ \_\_\_\_\_  
EOPS \$ \_\_\_\_\_  
GSL \$ \_\_\_\_\_  
NDSL \$ \_\_\_\_\_  
SEOG \$ \_\_\_\_\_  
CAL \$ \_\_\_\_\_  
OTHER \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

FINANCIAL AID OFFICER NAME: \_\_\_\_\_

CONTACT#(\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FINANCIAL AID OFFICER

COLLEGE OR SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

YOUR SCHOOL IS ON: SEMESTER \_\_\_\_\_ QUARTER \_\_\_\_\_ TRIMESTER \_\_\_\_\_ OTHER \_\_\_\_\_

# KLETSEL DEHE WINTUN NATION EDUCATION ASSISTANCE PROGRAM

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## Privacy Act Statement Waiver

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974) Dec. 31, 1974. Although furnishing personal information to this office is 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 information included in this application is true and correct to the best of my knowledge and consent to the release of this information, to necessary agencies to determine and/or continue my eligibility. **I will provide a copy of my grades or transcripts to the Kletsel Dehe Wintun Nation Tribal Office, (Education Assistance Program) at the end of each semester. I give full permission to the Kletsel Dehe Wintun Nation Education Assistance Program and employees/agents/representatives thereof, to verify my attendance, enrollment, registration, grades, financial aid status, and transcripts from the college/university I am enrolled in, or GED testing facility.**

Printed Name of Student:\_\_\_\_\_

Signature of Student:\_\_\_\_\_Date:\_\_\_\_\_