



**April 5, 2017**

**TO: CTER Staff & CTER Board of Directors, & TERO Regions**

**FROM: Larry Jordan, CTER Scholarship Committee Chairman, CTER Board of Directors, Secretary**

**SUBJECT: 2017 ITCHE SHIKAAKE Scholarship Application**

**Attached is the Council for Tribal Employment Rights (CTER) 2017 ITCHE SHIKAAKE Scholarship Application for our use and distribution. NOTE the deadline of July 1<sup>st</sup>, 2017 for submission of the application. You are strongly encouraged to copy and distribute the application to all interested tribal entities as soon as possible. In addition to our TERO's, please share copies with any and all of the following entities and others as you may deem appropriate:**

- **Indian and Native American Employment & Training Programs**
- **Tribal Higher Education Programs**
- **Tribal and Other Local Public Schools**
- **Native American Youth Groups**
- **Tribal Community Youth Organizations**
- **Tribal Youth Internship Programs**
- **Others**

**The 2017 ITCHE SHIKAAKE Scholarship is a one-time award of \$2,000.00 and will be awarded at the 2017 40<sup>th</sup> Annual National TERO Convention at Kah-Nee-Ta Resort in Madras, OR.**

**The Council for Tribal Employment Rights appreciates your valuable assistance in getting this application to the appropriate individuals, groups and organizations.**

**Thank You,**

**Larry Jordan  
Scholarship Committee, CTER Board of Directors, Secretary**

**COUNCIL FOR TRIBAL EMPLOYMENT RIGHTS  
ITCHE SHIKAAKE  
2017 SCHOLARSHIP APPLICATION**

**CRITERIA FOR APPLYING:**

- 1. Must be enrolled in a Federally Recognized Tribe, and/or a member of a tribe or entity that operates a TERO Program. A copy of Tribal Enrollment Card and copy of Tribal Membership number must be attached with this application.**
- 2. Must have a Letter of Acceptance from the university, college, junior college, technical, vocational school you will attend; must be currently enrolled and/or accepted at time of this application.**
- 3. Must be currently enrolled in school and have a three (3.0) grade point average (GPA), or may be a High School graduate in the Spring Semester of 2017.**
- 4. A current official school transcript must be submitted with this application.**
- 5. Must attach three (3) Letters of Reference with this application.**
- 6. A one-page narrative of applicants educational and career goals must be submitted with this application.**

**APPLICATION MUST BE POSTMARKED & SUBMITTED BY JULY 1st, 2017 TO:**

**Council for Tribal Employment Rights  
c/o APE Bookkeeping  
P.O. Box 1629  
Veradale, WA 99037**

**FAX: 509-931-6100  
Email: cterape@gmail.com**



**COUNCIL FOR TRIBAL EMPLOYMENT RIGHTS**  
**"ITCHE SHIKAAKE"**  
**2017 SCHOLARSHIP APPLICATION**  
(Please Print)

Today's date:

**PERSONAL INFORMATION**

Last name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  Mr.  Miss Marital status (circle one)  
 Mrs.  Ms.  Ms. Single / Mar / Div / Sep / Wid

Is this your legal name?  Yes  No If not, what is your legal name? \_\_\_\_\_ (Former name): \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex:  M  F

Street address: \_\_\_\_\_ Social Security no.: \_\_\_\_\_ Home phone no.: \_\_\_\_\_  
 ( )

P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**EDUCATION INFORMATION**

Name of High School from which you graduated: >>>> \_\_\_\_\_ Year: \_\_\_\_\_

Name and address of Selected/Enrolled College/ University/ Technical/ Vocational School: \_\_\_\_\_ Business phone no.: \_\_\_\_\_  
 ( )

Address/P.O. box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Are you currently enrolled in a College or University?  Yes  No If checked "Yes" box, which of the following is your enrollment status:  
 Less than 12 hours:  12 Hours or more:  OTHER:

Are you receiving other Financial Aid?  Yes  No If Marked "Yes" box please indicate:  
 Amount: \$ \_\_\_\_\_ Amount of need: \$ \_\_\_\_\_

Expected Graduation Date of Graduation: (from College or University) ( Example: SPRING 2017 ) Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Expected Degree: AA  BA  AS  BS  MA  MS  OTHER: \_\_\_\_\_ College Major: \_\_\_\_\_

What is your best score on either the ACT or SAT Test?

<b>ACT</b>	<b>SAT</b>	<b>What is your High School Grade Point Average?</b>
01 - 12: _____	No. EQUIVALENT: _____	1.00 - 1.99: _____
13 - 19: _____	No. EQUIVALENT: _____	2.00 - 2.69: _____
20 - 22: _____	840 - 1050: _____	2.70 - 3.19: _____
23 - 25: _____	1060 - 1300: _____	3.20 - 3.59: _____
26 - + : _____		3.60 - + : _____

If you did not graduate from High School, Have you passed the GED test?  Yes  No

**TRIBAL INFORMATION**

What is your Tribal Affiliation? TRIBE: \_\_\_\_\_ TRIBAL ENROLLMENT#: \_\_\_\_\_

Of which TERO REGION are you a resident? (Example: SOUTHERN PLAINS, EASTERN, SOUTHWEST, GREAT LAKES, ROCKY MOUNTAIN, ETC.)  
 TERO REGION: \_\_\_\_\_

**WARNING**  
ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT OR MISREPRESENTATION  
ON THIS SCHOLARSHIP APPLICATION IS SUBJECT TO DISQUALIFICATION.

Applicant's signature

Date

COUNCIL FOR TRIBAL EMPLOYMENT RIGHTS  
"ITCHE SHIKAAKE"  
2017 SCHOLARSHIP APPLICATION

CERTIFICATION

I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE UNITED STATES OF AMERICA, THAT THE FOLLOWING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I CONSENT TO THE RELEASE OF THIS INFORMATION TO THE NECESSARY AGENCIES TO COMPLETE MY CTER SCHOLARSHIP APPLICATION. I UNDERSTAND THAT ANY GRANT AWARDED TO ME WILL BE MAILED IN MY NAME TO THE FINANCIAL AID OFFICE AT MY SCHOOL OF ENROLLMENT. I FURTHER UNDERSTAND AND ACKNOWLEDGE THAT I WILL PROVIDE A COPY OF MY GRADES AND TRANSCRIPT TO THE CTER OFFICE AT THE END OF EACH SEMESTER.

I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND THE CONTENT OF THIS APPLICATION PACKET.

SIGNATURE OF APPLICANT: \_\_\_\_\_

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

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_  
(If applicant is under age 18)

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

FOR CTER OFFICE USE ONLY

Received By: \_\_\_\_\_

Date: \_\_\_\_\_