Confederated Tribes of the Goshute Reservation
Goshute Tribal Education Assistance Program
Medical Student Scholarship

Congratulations for applying to medical school! This CTGR-medical school application must be completed with all documents included, in order to be considered for a medical scholarship through this program.
All applications due by July 15th for Fall / December 15th for Winter/Spring

Mail To: CTGR-Education Department
HC 61-Box 6104 / 195 Tribal Center Road; Ibapah, Utah 84034
Main Phone: (435)-234-1138

Required Documents Check List					
Application - Filled out & mailed back	**Financial Aid Form-** Filled out by institute's financial aid officer	**Certification Agreement-** Needs state notarization	**Consent to Release Information-** CTGR/SCHC	**Certificate Of Indian Blood-** Or copy of Tribal ID Card	**State Identification-** ID Card or Driver's License
Official Transcripts- Of all Institutes, must reflect GPA of 2.0 or higher.	**First Year Applicants-** Report Card or GED Certificate-GPA required - 2.0.	**Official Letter of Admission-**From Institute applying to.	**Course Schedule-** Need every semester	**Letter of Intent-** For field of study, employment, and impact on tribe.	**Current Photo of Yourself –** Important for us to see you

A. Personal Information – *always print legibly, if we are unable to read it, it won't be reviewed or approved.*
Full Name: _____ Last four of SS#: _____
Variations of Your Name: _____
Home/Dorm Address: _____ City/State: _____ Zip: _____
Email Address: _____ Home Telephone/Cellphone #: _____
Date of Birth: _____ CTGR Enrollment #: _____ Blood Quantum: _____
Marital Status: YES NO Name of Spouse: _____ Number of Dependents: # _____

B. Employment:
Employer Name: _____ Employer Address: _____ City: _____
State: _____ Zip: _____ Telephone: _____ Year(s): _____
Monthly Income: _____

C. Student Status Information – (Circle all that apply)
Application For Medical School/Training: College/University Vocational School/Technical College
Medical Program: Nursing Doctor Psychology Therapeutics Radiology Other:_____
Name of Higher Education Institute: _____ Telephone: _____
Address of this Institute: _____ City: _____ State: ____ Zip: _____
Type of Degree Program and Years enrolled in:
Associates of _____ Yrs. ___ Bachelor of _____ Yrs. ___ Master of _____ Yrs. ___
Graduate _____ Yrs. ___ Doctorate _____ Yrs. ___ AVT-Certificate/Hours or Yrs.: _____
Application Type: *New* *Continuing* *Transfer* *Returning*
Student Status: ***Undergraduate***: Fresh/Soph/Junior/Senior ***Graduate***: First/Second/Third/Fourth
(Circle one of the above in undergraduate or graduate status.)

Veteran: YES / NO Active Duty: YES / NO If yes, when/where: _____
Have you applied for your VA Education/Training Benefits: YES / NO If you have make sure its listed on E.
May we add you to our CTGR Veteran's List? Yes / No (Circle one.) Rank: _____

Have you received funding from CTGR-Education Department before? YES / NO
What year did you apply for a higher educational scholarship: _____

New First Year Applicants Only:
Do you have your High School Diploma/Report card or GED Certificate? Yes / No GED Date: _____

*Diploma/Report Card (the diploma and report card must both be present with application. GED certificate must be included with this application reflecting a **GPA of 2.0** or higher.

D. Academic Qualifications –
List the higher education institute(s)* you attended, and degree(s) received:
Institute: _____ Major: _____ GPA: ____ Yr. Graduated: _____
Institute: _____ Major: _____ GPA: ____ Yr. Graduated: _____
Institute: _____ Major: _____ GPA: ____ Yr. Graduated: _____
* If more than three higher education institutes, please list them on the back of this form.
* Student must include all transcripts with this application.

Please list the following and include documents (If any):
Honors/Awards: _____
Research Experience: _____
Apprenticeships/Fellowships: _____
Memberships/Leadership: _____
Community Service/Volunteer/Mentorship: _____
Others: _____

E. Financial Need* –
Besides applying for this medical scholarship program through CTGR/SCHC, you must apply for additional federal grants and scholarships. Please list all names of grants, foundations, or organization scholarships you have applied to.
1. _____ 2. _____
3. _____ 4. _____
*The FAF doesn't always reflect all forms of grants or scholarships the student applied for. If more, list on back of this form.

----------**Do Not Write Below This Area**----------

Scholarship Award Recipient: Approved: _____ *Amount:* _____ *Denied:* _____ *Vote:* _____

_____ *Date:* _____ *Blood Quantum:* _____
Signature of Education Director/Coordinator

CONFEDERATED TRIBES OF THE GOSHUTE RESERVATION (CTGR)
HIGHER EDUCATION AND ADULT VOCATIONAL TRAINING PROGRAM

FINANCIAL AID FORM

THIS FORM IS TO BE COMPLETED BY THE HIGHER EDUCATION FINANCIAL AID OFFICER ONLY.

Student Name: _____ **Student ID:** _____
Student Major: _____ **Academic Year:** _____
Academic Level: [ ] Freshman [ ] Sophomore [ ] Junior [ ] Senior [ ] Graduate

Student: Please do not write in or return this to CTGR-Education Department, until this financial aid file is complete. Undergraduate students are required to file a "Free Application for Federal Student Aid" (FAFSA) each academic year. All students need to apply for additional scholarships available to Native American Students. **ESTIMATES WILL NOT BE ACCEPTED.**

School Expenses:		**Student Resources:**	
Tuition/Fees:	$_____	Student Contribution:	$_____
Books/Supplies:	$_____	Parent Contribution:	$_____
Room/Board:	$_____	Spouse Contribution:	$_____
Personal Expenses:	$_____	Veteran's Contribution:	$_____
Transportation:	$_____	Social Security Benefits:	$_____
Additional Expenses:	$_____	Vocational Rehabilitation:	$_____
Other: (List)	$_____	Other Scholarships:	$_____
Total Expenses:	$_____	**Total Resources:**	$_____

We have made the following awards:

Pell: $_____
SEOG: $_____
Work Study: $_____
NDSL: $_____
Tuition Grant: $_____
Other (Specify): $_____

Recommended Tribal Funding:

Fall: $_____ Spring: $_____

Financial Aid Officer Name: *Print* _____ Signature: _____ Date: _____
Financial Aid Officer Email: _____ Telephone: _____

Higher Education Institute Address: _____ City/State: _____ Zip: _____
Higher Education Institute Telephone: _____ Fax: _____

Return this Financial Aid Review Form To:

CTGR – Education Department
HC 61-Box 6104; Ibapah, Utah 84034
Main Telephone: (435)-234-1138 Fax: (435)-234-1219

Goshute Education Use Only

Date Approved: _____ Blood Quantum: _____ Fall Amt. $_____ Spring Amt: $_____
Education Director/Coordinator Signature: _____ Date: _____ Prog Funds: _____

Revised: 5/14/2024

CONFEDERATED TRIBES OF THE GOSHUTE RESERVATION
HIGHER EDUCATION AND ADULT VOCATIONAL TRAINING PROGRAM

CERTIFICATION AGREEMENT

I, *(Print)*_____, an enrolled member of the Confederated Tribes of the Goshute Reservation, here by apply for a Higher Education Scholarship or Vocational Training Scholarship. I fully understand that both programs are *conditional* scholarship grant programs.

In the event I should, quit, or submit to academic failure, for any reason or reasons that can't be justified, I will present these facts in written form, then I agree the amount of funds covering the last period of school attended, quarter, semester, or term, extended to me by the Confederated Tribes of the Goshute Reservation for my educational cost shall be due and payable to the Confederated Tribes of the Goshute Reservation-Education Department. If I interrupt my schooling for reasons other than what is cited above, I will inform the CTGR-Education Director and Committee immediately by written notice.

I do understand that the CTGR Higher Education and Adult Vocational Training Scholarship program will not commit any funds to any student who fails to complete any of the above procedures in a timely manner or by the due dates.

"So, I hereby agree that any, and all per capita, dividends, health stipends by the Goshute Tribe or Sacred Circle Healthcare Clinic in my name be retained by the Goshute Tribe and applied to any debt incurred for educational purposes by me until such debt is paid in full."

"I further agree that upon completing my education course, I will arduously devote all my efforts in seeking employment in the field of my studies."

"I have read and agree to abide by all Policies and Procedures in accordance with the Confederated Tribes of the Goshute Reservation-Higher Education and Adult Vocational Training Scholarships."

By virtue of signature, I agree to the conditions under which I received a scholarship or vocational training assistance. (Sign after notary has filled out their portion.)

Student Signature: _____ Date: _____

ACKNOWLEDGMENT

State Of _____
County Of _____

On this _____ of _____ in the year 20____, before me, *(Notary Printed Name)*_____, a notary public, personally appeared, *(Student Printed Name)*_____, proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged he/she executed the same.

Witness my hand and official seal,

Notary Signature: _____

Form Revised: 5/14/2024

Confederated Tribes of the Goshute Reservation
Higher Education and Adult Vocational Training Program
- Student Consent to Release Information –

A. Please Print-

Name of Student: _____ Student Number #: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Home Telephone: _____ Cell Phone#: _____
Email Address: _____ Date of Birth: _____ Social Security #: _____

I, hereby authorize this college, university or technical school that I am about to or currently attending, to release any necessary information contained in my education records at this institute. This may be, but not limited to financial aid forms, letter of admission, class schedules, and transcripts for mid-term and end of second semester grades, to the below individuals that are listed and requesting information in the "B Section" of this application. As a student of this educational institute, I will add Education Department to this institute's own Consent to Release Information form.

Student Signature: _____ Date: _____
Higher Institution Name: _____
Higher Institution Address: _____ City: _____ State: ____ Zip: _____
Higher Institution Telephone: _____ Fax #: _____

B. Please Print-

1.)
Name: ***Confederated Tribes of the Goshute Reservation – Education Director***
Mailing Address: ***HC 61-Box 6104; Ibapah, Utah 84034***
Physical Address: ***195 Tribal Center Road; Ibapah, Utah 84034***
Education Department Main Telephone: ***1-435-234-1138 Ext: 211***
Education Department Cellphone: ***435-841-2539***

2.)
Name: ***Sacred Circle Healthcare Clinic – ATTN: Executive Officer/Lorena Horse***
Mailing Address: ***660 South 200 East Suite #250; Salt Lake City, Utah 84111***
Work Telephone: ***801-359-2256***

3.)
Parent/Guardian Name: _____
Mailing Address: _____
City/ State/ Zip: _____
Home or Cell Phone: _____

Note: Any and all information that CTGR Education Department or Committee receives, and reviews is confidential, and a binding agreement between the Goshute Education Committee (GEC) and yourself. We will never discuss any of your private information with anyone, with the exception of the Business Council if needed. All CTGR Education documents are under lock and key. Please never discuss any of your information that you receive from the GEC, except for parents/guardians or spouse. Never reveal any of your confidential information on *Social Media*, failure to do so, can lead to the dismissal of your CTGR Scholarship for your college, university, or adult vocational training. If it is reported and seen on any type of *Social Media* outlet, the GEC can and will dismiss your funding and cancel your scholarship. Always be careful with your information, so many situations could occur including ending up on the *DARK WEB*. If this occurs, we are not responsible for unnecessary information being divulged.

Thank You, The CTGR - Goshute Education Committee and Education Department

Revised on 5/12/2023