

**ATTACHMENT I:  
FINANCIAL AID FORM**

**CTEAP – HIGHER EDUCATION**  
**Post Office Box 150; Nespalem, WA 99155**  
**PHONE (509) 634-2779**  
**carla.dennis.hed@colvilletribes.com**

**SECTION I (Student Completes)**  
**Student is responsible for submitting this form to the school's financial aid office.**

Student Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 or Student ID: \_\_\_\_\_

Institution Name: \_\_\_\_\_

I will attend the following terms: Fall 20\_\_\_\_ Winter 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_

**RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby authorize the Colville Confederated Tribes Employment and Training Center, Education Program and (school of choice) \_\_\_\_\_, release any and all information related to my financial aid and/or grades, to be shared among the CCT E&T Center, Education Program, and school to develop a complete service plan.

\_\_\_\_\_  
 Student Signature (please sign above) Date

**SECTION II (School's Financial Aid Office Completes after Projected Institutional Award is determined.)**  
 This form must be completed by the School's Financial Aid Office and returned directly to the above address.

This budget is for: Fall 20\_\_\_\_ Winter 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_ Quarter \_\_\_\_ Semester \_\_\_\_

**SCHOOL EXPENSES:**

Tuition & Fees \$ \_\_\_\_\_  
 Books & Supplies \$ \_\_\_\_\_  
 Room & Board \$ \_\_\_\_\_  
 Personal Expenses \$ \_\_\_\_\_  
 Transportation \$ \_\_\_\_\_  
 Other (List) \$ \_\_\_\_\_  
**Total Expenses:** \$ \_\_\_\_\_

**STUDENT RESOURCES:**

Student Contribution \$ \_\_\_\_\_  
 Parent Contribution \$ \_\_\_\_\_  
 Pell Grant \$ \_\_\_\_\_  
 WA College Grant \$ \_\_\_\_\_  
 Subsidized Loan \$ \_\_\_\_\_  
 Unsubsidized Loan \$ \_\_\_\_\_  
 Other (List) \$ \_\_\_\_\_  
**Total Resources** \$ \_\_\_\_\_

**PROJECTED DISTRIBUTION OF INSTITUTIONAL AWARD:**

Type	Fall	Winter	Spring	Summer	Total
Pell Grant					
WA College Grant					
Other(List)					
Other(List)					

\_\_\_\_\_  
**Signature of requesting Financial Aid Office** Date  
**Name and Mailing Address (for awarding purposes)** Office Telephone Number:( ) \_\_\_\_\_  
 Email: \_\_\_\_\_

**\*PLEASE DO NOT SEND BY FAX\***