

**COUNCIL FOR TRIBAL EMPLOYMENT RIGHTS**  
**“ITCHE SHIKAAKE” 2019 SCHOLARSHIP APPLICATION**



March 22, 2019

**TO:** CTER Staff & CTER Board of Directors, & TERO Regions  
**FROM:** Melvin Wheeler, CTER Scholarship Committee  
**SUBJECT:** 2019 ITCHE SHIKAAKE Scholarship Application

Attached is the Council for Tribal Employment Rights (CTER) 2019 ITCHE SHIKAAKE Scholarship Application for our use and distribution. **NOTE** the deadline of July 1<sup>st</sup>, 2019 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 2019 ITCHE SHIKAAKE Scholarship is a one-time award of \$2,000.00 and will be awarded at the Annual National TERO Convention at Coeur d'Alene Casino Resort Hotel, 37914 S Nukwalqw St, Worley, ID 83876.

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

Thank You,

Melvin Wheeler, CTER Secretary  
Scholarship Committee

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**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). Applicant may be a High School graduate in the Spring Semester of 2019.**
- 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, 2019 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**

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(Please Print)

Today's date: \_\_\_\_\_

**PERSONAL INFORMATION**

Last name:	First:	MI:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one)
					Single / Mar / Div / Sep / Wid
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?	(Former name):		Birth date:	Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If checked "Yes" box, which of the following is your enrollment status:	
Less than 12 hours: <input type="checkbox"/> 12 Hours or more: <input type="checkbox"/> OTHER:	
Are you receiving other Financial Aid? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> BA <input type="checkbox"/> AS <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> OTHER:	College Major:

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

ACT	SAT	What is your High School Grade Point Average?
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:		

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***WARNING***

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

*Applicant's signature*

*Date*

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**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: \_\_\_\_\_**