



May 6, 2024

TO: CTER Board of Directors & TERO Regions

FROM: CTER Scholarship Committee

SUBJECT: 2024 ITCHE SHIKAAKE Scholarship Application

Attached is the Council for Tribal Employment Rights (CTER) 2024 ITCHE SHIKAAKE Scholarship application for our use and distribution. NOTE the deadline of **July 5, 2024** 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 2024 ITCHE SHIKAAKE Scholarship is a one-time award of \$2,000.00 and will be awarded at the Annual National TERO Convention at *Gila River Resort & Casino, 5040 Wild Horse Pass Blvd, Chandler, AZ 85226*.

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 Chair
Scholarship Committee

COUNCIL FOR TRIBAL EMPLOYMENT RIGHTS

**ITCHE SHIKAAKE
2024 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 higher. Applicant may be a High School graduate in the Spring Semester of 2024.
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.

Before you submit your application please make sure your application is complete and all the documents listed above are attached with your application. We will notify you if you are awarded the scholarship, otherwise we will not contact you.

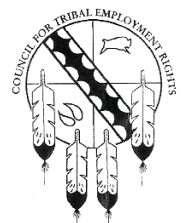
APPLICATION MUST BE POSTMARKED & SUBMITTED BEFORE JULY 5, 2024 TO:

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"



2024 SCHOLARSHIP APPLICATION

(Please Print)

Today's date:

PERSONAL INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	NAME		Email	
Last:	First:	MI:		
Marital status (circle one) Single / Married / Divorced / Separated / Widowed			Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Is this your legal name?	If not, what is your legal name?	(Former name)	Birth date	Age
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Marital status (circle one) Single / Married / Divorced / Separated / Widowed				
Street address		Social Security number		Phone Number
				()
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			Phone number
			()
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			12 Hours or more: <input type="checkbox"/>
Less than 12 hours: <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 2024)			
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: Alaska, Eastern, Great Lakes, Northern Plains, Pacific Northwest, Rocky Mountain, Southern Plains, Southwest, 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"
2024 SCHOLARSHIP APPLICATION**

CERTIFICATION

I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE UNITED STATES OF AMERICA, THAT THE INFORMATION I HAVE PROVIDED 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 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: _____