

**SQUAXIN ISLAND TRIBE
EDUCATION INFORMATION SHEET**

Name: _____ Date: _____

Mailing Address: _____

Phone : _____ Required Email: _____ Required

Enrolled Squaxin Island Tribal Member: ___YES ___NO

High School Attended: _____.

Date of Graduation or GED Completion: _____

Trade School or Certificate Programs Attended: _____, _____, _____

Colleges Attended: _____, _____, _____, _____

Degree and Year Earned: _____, _____, _____,

Names of School(s) to which you have applied: (List in order of preference)

1. _____ 2. _____

3. _____ 4. _____

Intended Major Field of Study: _____

Year in College: ___ Freshman ___ Sophomore ___ Junior ___ Senior

Please Briefly Explain your educational goals: _____

I am interested in: ___ Financial Aid ___ Academic Counseling/Information
 ___ GED Test Prep ___ Tutoring
 ___ Job Training Vocational Information ___ Services for Children