



Cowlitz Indian Tribe Tuition Assistance Award
2024–25 Academic Year — May 1, 2024 through April 30, 2025
Request for Payment

Use this form to request payment of your 2024–25 Cowlitz Tuition Assistance Award. You must complete a 2024–25 Application and be approved before qualifying for payment of your award.

All funds awarded must be used for tuition and tuition related fees in the 2024–25 academic year. Funds may be drawn down for classes beginning on or after May 1, 2024.

Payment of the award is made directly to your school each quarter/semester/education term after submission of a:

- **Request for Payment form.**
- **School statement/invoice showing detail of tuition and tuition related fees owed.**
This statement/invoice must include the name of the school, student name, and student identification number.
- **Class list or schedule.**
- Grades. Remember to submit a copy of your grades at the end of each Cowlitz funded term when available.

E-mail your completed Request for Payment form and required documents to: tuitionassistance@cowlitz.org

Only complete Request for Payment packets will be processed. Incomplete packets will be returned via e-mail.

If you are unable to submit your request for payment via e-mail, contact Carol Burnison at 360-353-9588 or Carissa Cothren at 360-353-9497

Allow 3 weeks for processing and mailing of the payment to your school.

Date:

Name:

Cowlitz Tribal Enrollment Number:

School:

Student ID Number:

School Address for Payment (Street or PO Box, City, State, Zip Code):

School Financial Aid Office Phone Number and E-mail Address:

By accepting this award, I confirm I have reviewed the Instructions and Policies and Procedures of the Cowlitz Tuition Assistance Award Program and agree to comply with them.

- ✓ I agree to respond to all e-mails from the Tuition Assistance Office.
- ✓ I agree all funds will be used in the academic year requested for tuition and tuition related fees.
- ✓ I agree all refunds and unused funds of this Cowlitz Tuition Assistance Award will be returned to the Tribe.
- ✓ I authorize the Cowlitz Indian Tribe interoffice use of my personal information.
- ✓ I certify all of the information I have submitted is true and correct.

Signature

Date