



Workshops & Training Application

Application Information and Check-List



Applications must be submitted *no sooner than 45 days and no later than 30 days prior* to the Workshop/Training that you are attending.

The Muckleshoot Workshops & Training Program provides funding for enrolled tribal members to attend workshops, conferences, or trainings outside of the Reservation for personal and educational improvement and growth. An amount not to exceed \$1,800 will be available once every 2 years (January 1st-December 31st) for tribal members who wish to attend training sessions or workshops. Workshop funds will pay for registration fees, airfare and other travel expenses, hotel, and per diem.

All applications should be submitted to Workshops & Training Staff.

Application Contact

Laurie Starr-Williams

253-876-3381

Laurie.Williams@Muckleshoot.nsn.us

Workshops&Training@Muckleshoot.nsn.us

Workshops & Training Office Location

Scholarship Building #2

39877 172nd Ave SE

Auburn, WA 98092

Workshop and Training Application Checklist:

- State ID
- Tribal ID
- Statement of Reason Letter
- Muckleshoot Enrollment Verification completed by an Enrollment Officer
- Itinerary for Flights
 - You should book your flight prior to filling out this application and if you are eligible, submit for reimbursement. If you have extenuating circumstances, contact Laurie Starr-Williams.
- Hotel Reservation Confirmation (Billing Statement)
 - Please note that most hotels require you to have a debit card or credit card to make a reservation
- Proof of Workshop/Training Registration
- Workshop/Training Agenda
- Workshop Budget
- Travel Advance Form
 - You are required to turn in a Travel Advance form along with this application. This can be obtained from the Muckleshoot Pilchuck Website, the Workshops & Training Department, or the Finance Department.
- Letter from Official/Counselor/Instructor (If attending for part of a program or group)
 - This should explain your involvement with the program and length of involvement.

I certify that the information provided is true and accurate. I understand that falsifying information is grounds for immediate denial of my application and/or termination of funding per "Council Resolution 11-260," and may also result in garnishment of my Per Capita and 5 year disqualification per "Council Resolution 11-269".

Name: _____

Signature: _____

Date: _____



Workshops & Training Application

Basic Information



Background Information

Legal Name: _____

Other Names Used: _____

Age: _____ DOB: _____ Enrollment #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone #: _____ Cell Phone #: _____

Workshop/Training Information

Workshop Name: _____

Dates: _____ Location: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____



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Statement of Reason Letter

In the space provided below, please write *at least one paragraph, but no more than 1 page*, stating the purpose of the workshop, training, or conference you are attending, and what you expect to gain through your participation.



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Workshop Budget



\$ _____ Workshop/Training Registration Fee

\$ _____ Travel

\$ _____ Lodging

\$ _____ Per Diem (Use Tribal Rate)

\$ _____ Mileage (Use Tribal Rate)

\$ _____ Shuttle Fee

\$ _____ Total Request

Funding Acceptance Agreement

Please read each statement below and check the box to signify that you agree to the terms

- I understand that I must submit my application no sooner than 45 days and no later than 30 days prior to the workshop I am attending
- I understand that I am required to submit a Travel Advance with this application.
- I understand that I am required to write a Statement of Reason Letter as a part of my application. In this letter I will explain the purpose of my attendance at the Workshop/Training and what I expect to gain through my participation.
- I understand that I am required to complete a Travel Reconciliation form within 15 working days upon return from the workshop, training, or conference I am attending; otherwise, garnishment of my Per Capita may occur
- I understand that if I am attending the workshop, training, or conference for a program that I am involved with, then I must submit a letter from a program Official/Counselor/Instructor explaining my involvement with the program and length of time involved.
- I understand that falsifying information is grounds for immediate denial of this application and termination of funding. I understand that penalties include ineligibility to apply for funds for 5 years and that any misused funds or funds owed to the Workshops and Training/Scholarship Program will need to be paid; otherwise, garnishment of my Per Capita and/or Payroll will take place until all repayments have been satisfied.

My signature below indicates that I have read, understand and agree to all terms listed above.

Signature: _____

Date: _____



Workshops & Training Application

Muckleshoot Tribe Enrollment Verification



Enrolled Name: _____

Social Security Number: _____

DOB: _____ Enrollment Number: _____

Please bring your State ID and Tribal ID to the Workshops & Training Staff when you turn in your application.

If you do not have a tribal ID, please bring this form to the Enrollment Office and have an Enrollment Officer complete the form below.

I, _____ hereby certify that
(Enrollment Officer)

_____ is an enrolled member of the Muckleshoot Indian Tribe
(Applicant)

with the Enrollment Number of _____ to the Muckleshoot Scholarship Program.
(Enrollment Number)

Signature: _____

Date: _____