



# COQUILLE INDIAN TRIBE

P.O. Box 783 ~ 3050 Tremont Ave. ~ North Bend, OR 97459

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## Application for Computer Program Funding

*PLEASE ANSWER ALL ITEMS AS COMPLETELY AS POSSIBLE*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Check if address is new

Phone number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Type of Computer: \_\_\_\_\_

Reimbursement or Direct Payment: \_\_\_\_\_

Cost: \_\_\_\_\_

Name of Institution Where Purchased: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

*If possible, please attach all receipts.*

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I certify that I am a member of the Coquille Indian Tribe and am sixteen years or older in good standing with an accredited community college, college or university and attending with at least six credits per semester or term towards a degree. I have read the policies and procedures outlined by the Coquille Indian Tribe and will adhere to those guidelines for this program. I certify that the information on this form is true and correct to best of my knowledge.

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Applicant Signature

Date

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Parent or Guardian Signature (If needed)

Date