Walker River Paiute Tribe

Office of Education

P.O. Box 220• Schurz, Nevada 89427

Ph: (775) 773-2478

Walker River Paiute Tribe

Enrichment Program Grant Application

Application Due Date: Fall Session-**August 10** Spring Session-**December 15**

Student's Full Name Date of Birth SS#

Mailing Address City State Zip

WRPT Enrollment Number Telephone Number

Email Address: Sex: F M Marital Status:

Academic Year: Fall 20_____ Spring 20_____

Date of Graduation or date received GED:_____

College Major:_____

Degree Seeking: _____AA _____BA _____BS _____Work Related

Year in College:_____Freshman_____Sophomore_____Junior_____Senior_____Graduate

School Name:_____

School Mailing Address:_____

City/State/Zip:_____

Financial Aid Telephone Number:_____

Have you ever received a tribal education grant before (circle one): Yes No

Classes to be taken (include cost and # of credits per class):_____

I hereby certify that the information on this form is true and correct, and consent to the release of this information to the necessary programs/personnel. I declare that I will use any funds I receive under the Walker River Paiute Tribe Enrichment Program solely for the expenses connected with attendance at the above named institution. I will provide a copy of my grades or transcript to the Walker River Paiute Tribal Education Department at the end of each academic term.

Applicant Signature:_____Date:_____