Walker River Paiute Tribe Adult Vocational Training application

To Students:

We accept applications every quarter.

1st quarter: December 15
2nd quarter: March 15
3rd quarter: June 15
4th quarter: September 15

You must submit progress reports to be eligible for continued funding after the 6 month period. A student must maintain a 2.0 GPA and attend on a full-time basis. Applicants must have satisfactory standing with all Walker River Paiute Tribe Board of Education grant funded programs.

Please note: It is important for you to thoroughly investigate any school that you are considering. Please look at the, facilities, placement, and cost, quality of instruction, and reputation and stability. Licensing and accreditation, check to see if and by whom a school is accredited. Be very wary of any school that is not accredited. You can get a list of accredited schools by state and/or program at www.rwm.org. Please consider the following:

- Take a tour of facilities, is the equipment up-to-date?
- Placement, do the school help its students find jobs?
- What percentage of the student’s graduates find a job in the field in which they received training?
- Who hires the school’s graduates?
- Cost, what is the total cost of the tuition, supplies, and fees?
- What is the refund policy?
- Is financial aid available?
- Quality of instruction, what are the credentials of the instructors?
- Are their courses and books up-to-date?
- Are the credits transferable?

These schools can be expensive, career and trade schools are usually privately owned and in business to make a profit. Some institutions such as beauty academies, truck driving schools, etc. do not use Title VI funding (PELL grants, SFOG, Stafford loans), they cannot fill out list general living expenses when calculating your budget (such as travel, room/board). This results in the Financial Aid Officer listing lower amount of your needs. Please be advised several times the tribe’s award have been applied to the students existing loan leaving no funding for the student to use as living expenses while attending school.

The Walker River Paiute Tribe Adult Vocational Training Grant is intended to cover part of the student’s unmet financial need. The Walker River Paiute Tribe has inadequate funds to fund at 100%. Please abide by the deadlines and policy.
WALKER RIVER PAIUTE TRIBE
ADULT VOCATIONAL TRAINING GRANT APPLICATION

Name: __________________________________________
Last __________ First __________ Middle __________ Maiden __________

*Address: __________________________________________
Mailing (P.O.) __________ City __________ State __________ Zip __________

Date of Birth: __________________________ Sex: (Circle One) Male Female
Marital Status: (Circle One) Single Married Divorced
SSN: __________________________

Telephone #: __________________________ *Email: __________________________

Tribal Affiliation: __________________________ Enrollment #: __________________________

Application Request: 1st Quarter __________ 2nd Quarter __________ 3rd Quarter __________ 4th Quarter __________

Name of Institution __________________________________________

Address __________________________________________

Length of Program: 3mo ______ 6mo ______ 12mo ______ 18mo ______

Expected Graduation Date: __________

Program Description: __________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Have you received a BIA Grant before? (Circle One) Yes No

If yes, what years? __________________________ Semester Hours Earned to Date: __________________________

CERTIFICATION: I declare that I will use any funds I receive under the Walker River Tribal Higher Education Grant Program solely for expenses connected with attendance at the above named institution. I also hereby certify the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to the necessary agencies to complete my financial aid package. I will provide a copy of my grades or transcript to the Walker River Tribal Education Department at the end of each academic term.

Student Signature: __________________________ Date: __________________________

*Please do not leave any blanks; an incomplete application may cause a delay in your funding process. The address given should be the address you would like any funding or correspondence sent. *Please include an email address.
WALKER RIVER PAIUTE TRIBE FINANCIAL NEEDS ANALYSIS

Part A - Identification Information

Student’s Full Name: ___________________________ SSN: ___________________________

Current Address:______________________________________________________________

Mailing Address                City/Town                State                Zip

*Part B - To Be Completed By Financial Aid Officer*

The above named student has applied for a WRPT Higher Education Grant. The student is required by federal rules to apply for college-based aid, Pell Grant, state grants and all other funding sources that are available. Verified financial need information is needed through your office before WRPT can take action on this application. Thank you for your assistance.

Semester ______________________ to ______________________ Starting Date: __________

The student is considered: Independent __________________________ Dependent

EXPENSES
Tuition/Fees $__________________________ AID/RESOURCES
Parent Contribution $__________________________ Veteran’s Benefits $__________________________

Room/Board $__________________________ Student Contribution $__________________________ Social Security $__________________________

Books/Supplies $__________________________ Pell Grant $__________________________ Scholarships $__________________________

Transportation $__________________________ Stafford Loan $__________________________ Other: $__________________________

Other: $__________________________ Perkins Loan $__________________________ SEOG $__________________________

Total Expenses $__________________________ Total Resources $__________________________

We recommend WRPT consider awarding this student $__________________________ per semester/quarter.

I certify the above information to be in accordance with the established rules and regulations for determining financial needs and resources as required by existing Federal Manuals and the institutional administering Federal and State Financial Aid Programs.

College Name: ___________________________ Telephone #: ___________________________

Address:___________________________________________ Mailing Address

City: ___________________________ State: ___________________________ Zip: ___________________________

I ACCEPT THIS FINANCIAL AID PACKAGE AS SHOWN AND GIVE MY PERMISSION FOR THE FINANCIAL AID OFFICER TO RELEASE INFORMATION TO THE WRPT EDUCATION DEPARTMENT. I UNDERSTAND AND AGREE THAT THE FUNDS GRANTED TO ME FROM WRPT CAN ONLY BE USED TOWARD EDUCATION EXPENSES. I AGREE TO COMPLY WITH THE FOLLOWING CONDITIONS: (1) I WILL NOTIFY BOTH THE FINANCIAL AID OFFICER AND THE WRPT EDUCATION DEPARTMENT IF I WITHDRAW FROM SCHOOL AT ANY TIME DURING THE CURRENT ACADEMIC YEAR. (2) I WILL RETURN THE UNUSED PORTION OF MY GRANT TO THE WRPT EDUCATION DEPARTMENT UPON WITHDRAWAL FROM SCHOOL. (3) I WILL ASSURE THAT AN OFFICIAL TRANSCRIPT OF MY COLLEGE RECORDS WILL BE FORWARDER TO WRPT EDUCATION DEPARTMENT AT THE END OF EACH SEMESTER THAT I AM IN ATTENDANCE. I UNDERSTAND THE FAILURE TO DO SO MAY DELAY SUBSEQUENT FUNDING. (4) I WILL SATISFACTORILY MAINTAIN A MINIMUM OF 12 UNITS WITH A GPA OF NOT LESS THAN 2.0 FOR EACH SEMESTER OR QUARTER. FAILURE TO DO SO WILL BE CAUSE FOR PROBATION AND/OR TERMINATION OF ANY WALKER RIVER PAIUTE TRIBAL GRANTS.

I AUTHORIZE THE SCHOOL TO RELEASE GRADES, FINANCIAL INFORMATION AND CLASS SCHEDULES TO THE WRPT EDUCATION DEPARTMENT.

STUDENT NAME (PRINTED) ___________________________ SIGNATURE ___________________________ TELEPHONE NUMBER ___________________________

FINANCIAL AID OFFICER (PRINTED) ___________________________ SIGNATURE ___________________________ TELEPHONE NUMBER ___________________________

NOTE: IT IS NECESSARY TO REAPPLY FOR THE WRPT HIGHER EDUCATION GRANT EACH SEMESTER OR WHEN TRANSFERRING TO A DIFFERENT SCHOOL.

PLEASE RETURN TO: WALKER RIVER PAIUTE TRIBE EDUCATION DEPARTMENT, P.O. BOX 220, SCHURZ, NV 89427 EMAIL: EDUCATIONDIRECTOR@WRPT.US PHONE: (775)773-2478