



Walker River Paiute Tribe

Office of Education

P.O. Box 220 • Schurz, Nevada 89427

Ph: (775) 773-2478

HIGHER EDUCATION GRANT APPLICATION

FINANCIAL AID OFFICER

The Walker River Paiute Tribal Higher Education Grant is intended to cover part of the student unmet financial need after all other University/College funds have been utilized to complete the student's financial aid package. The Walker River Paiute Tribe has inadequate funds to fund at 100%. WRPT awards on a semester basis, please submit FNA's accordingly.

STUDENTS

All students must submit a complete application. All students will be required to **re-apply** for a Higher Education Grant each semester/quarter.

All students receiving a Higher Education Grant are required to submit an official transcript at the end of each semester or quarter.

All students are required to notify the Tribal Education Office immediately should they withdraw from school at any time during the school year.

A recipient of a Higher Education Grant must be enrolled and maintain full-time status for a minimum of 12 academic units and maintain a 2.0 grade point average (GPA).

All students are required to apply for all Financial Aid Programs available through the University/College Financial Aid Office. The Financial Aid Officer will complete the Financial Needs Analysis budget of the grant application. **It is the student's responsibility to get the Financial Aid Form to the Financial Aid Officer.**

DEADLINES

Higher Education Grant application and completed Financial Needs Analysis should be in the Tribal Higher Education Office no later than:

Fall Semester- August 1st

Spring Semester- December 1st

All students are responsible for insuring the complete application is in the Walker River Paiute Tribe Education Office by the deadline. Applications received after the deadline will not be considered.

**WALKER RIVER PAIUTE TRIBE
HIGHER EDUCATION GRANT APPLICATION**

Name: _____
 Last First Middle Maiden

Address: _____
 Mailing (P.O.) City State Zip

Date of Birth: _____ Sex: Male Female

Marital Status: Single Married Divorced SSN# _____

Telephone# _____ *Email: _____

Tribal Affiliation: _____ Enrollment #: _____

Application Request: (One semester only) 20____ Spring _____ Fall _____

Name of College _____

Address _____

College Major: _____ Expected Graduation Date: _____

Degree Currently Seeking: AA BA MA Other: _____

Year in College: _____ Freshman _____ Sophomore _____ Junior _____ Senior _____ Graduate

Have you received a BIA Grant before? _____ Yes _____ No

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; incomplete application may cause a delay in your funding process. Address 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

<u>EXPENSES</u>		<u>AID/RESOURCES</u>			
Tuition/Fees	\$ _____	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 institution 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 FORWARDED 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

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