



Walker River Paiute Tribe

Office of Education

P.O. Box 220 • Schurz, Nevada 89427

Ph: (775) 773-2478

Tribal Grant Application

Student Information

Name: _____

Telephone number: _____

Email address: _____

Physical address:

Mailing address:

Tribal Enrollment Number: _____ Social Security No.: _____

College/University/Institution Information

Name:

Address:

Degree Program: _____ Date attending: _____

Year in School: _____ Credits earned to Date: _____

List classes/courses currently enrolled in:

Goals

What are your long-term goals and how will the Tribal Grant money aid you in accomplishing your goals?

How will your goals affect or benefit the tribe?

Applicant signature: _____

Date: _____