



## **WALKER RIVE PAIUTE TRIBE**

Office of Education

PO Box 220, Schurz, NV 89427

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# **ENRICHMENT PROGRAM GRANT APPLICATION**

## **DEADLINES**

**AUGUST 10<sup>TH</sup> AND December 15<sup>TH</sup>**

## **STANDARDS OF GRANT APPLICATION AND FUNDING**

- MUST BE a member of the Walker River Paiute Tribe
- Reimbursement Program for part-time students who are taking additional classes to enhance their skills.
- Students who have paid their tuition will be reimbursed upon submission of documentation of proof of payments.
- Maximum allowable for reimbursement \$525/classes and \$100 for books per class.
- Students are only reimbursed twice per year.

WALKER RIVER PAIUTE TRIBE  
**ENRICHMENT PROGRAM GRANT APPLICATION**  
 PLEASE RETURN FORM TO: FAX 775-773-4188 EMAIL: educationdirector@wrpt.org  
**APPLICATION DEADLINE: August 10<sup>th</sup> and December 15<sup>th</sup>**

**NAME:** \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SSN:** \_\_\_\_-\_\_\_\_-\_\_\_\_ **SEX:**  M  F

**TRIBAL AFFILIATION:** \_\_\_\_\_ **ENROLLMENT #:** \_\_\_\_\_

**MARITAL STATUS:**  Single  Married  Divorced **PH. #:** \_\_\_\_\_

**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?  YES  NO

**Classes to be taken. MUST 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: \_\_\_\_\_