



## **WALKER RIVE PAIUTE TRIBE**

Office of Education

PO Box 127, Schurz, NV 89427

Ph: 775-773-2306 ext. 2160

Fax: 775-773-4188

# **ADULT VOCATIONAL TRAINING APPLICATION**

## **DEADLINES**

Adult Vocational Training application and completed Financial Needs Analysis should be in the Tribal Education Office no later than:

**1<sup>st</sup> QTR: December 15<sup>th</sup> 2<sup>nd</sup> QTR: March 15<sup>th</sup> 3<sup>rd</sup> QTR: June 15<sup>th</sup> 4<sup>th</sup> QTR: Sept. 15<sup>th</sup>**

**You must submit progress reports to be eligible for continued funding after the 6-month period. A student must maintain a 2.0 GPS and attend on a full-time basis.**

**Applicants must have satisfactory standing with all Walker River Paiute Tribal 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](http://www.rwm.org).

The WPRT Adult Vocational Training Grant (AVT) is intended to cover part of the student's unmet financial need, as we cannot fund it at 100%. Please abide by the deadlines and policy.

WALKER RIVER PAIUTE TRIBE  
**ADULT VOCATIONAL TRAINING APPLICATION**  
PLEASE RETURN FORM TO: FAX 775-773-4188 EMAIL: educationdirector@wrpt.org

**Application Deadlines:**  
1<sup>st</sup> QTR: December 15<sup>th</sup> 2<sup>nd</sup> QTR: March 15<sup>th</sup> 3<sup>rd</sup> QTR: June 15<sup>th</sup> 4<sup>th</sup> QTR: Sept. 15<sup>th</sup>  
APPLICATION REQUEST:  1<sup>ST</sup> QTR  2<sup>ND</sup> QTR  3<sup>RD</sup> QTR  4<sup>TH</sup> QTR

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

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

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

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

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

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

EMAIL ADDRESS: \_\_\_\_\_ Semester hours earned to date: \_\_\_\_\_

Name of College: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

LENGTH OF PROGRAM:  3 MO  6 MO  12 MO  18 MO

Have you received BIA Grant funding before?  YES  NO *What years?* \_\_\_\_\_

**CERTIFICATION:** I declare that I will use any funds I receive under the Walker Rive Tribal Higher Education Grant Program solely for expenses connected with attendance at the above-named institution and 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 transcripts to the Walker River Tribal Education Department at the end of each academic term.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



WALKER RIVER PAIUTE TRIBE  
ADULT VOCATIONAL TRAINING PROGRAM  
**FINANCIAL NEEDS ANALYSIS**  
PLEASE RETURN FORM TO: FAX 775-773-4188 EMAIL: educationdirector@wrpt.org  
MAILING: ATTN HIGHER EDUCATION OFFICE, PO BOX 127, SCHURZ, NV 89427

***PART A – Identification Information***

STUDENT NAME (Last, First, Middle)	STUDENT ID #: must be provided
MAILING ADDRESS:	CITY          STATE          ZIP

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

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

***PART B – MUST BE COMPLETED BY FINANCIAL AID OFFICER***

The above-named student has applied for a WRPT Higher Education Grant. The student is enrolled in **12 credits (fulltime)** and 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 act on this application. Thank you for your assistance.

SEMESTER _____ TO _____	STARTING DATE: _____
This student is considered: <input type="checkbox"/> Independent <input type="checkbox"/> Dependent	
<b>EXPENSES</b>	<b>D/RESOURCES</b>
Tuition/Fees    \$ _____	Parent Contribution:    \$ _____
Room/Board    \$ _____	Student Contribution:    \$ _____
Books/Supplies \$ _____	Pell Grant:    \$ _____
Transportation \$ _____	Stafford Loan:    \$ _____
Other: _____ \$ _____	Other: _____ \$ _____
<b>TOTAL EXPENSES: \$ _____</b>	Veteran's Benefits    \$ _____
We recommend WRPT consider awarding This student \$ _____ per Semester/quarter.	Scholarships    \$ _____
	SEOG    \$ _____
	Perkins Loan    \$ _____
	Waivers    \$ _____
	<b>TOTAL RESOURCES:    \$ _____</b>

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: \_\_\_\_\_ PH: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

FINANCIAL AID OFFICER: \_\_\_\_\_

PRINT NAME

SIGNATURE

PH #:

**WALKER RIVER PAIUTE TRIBE**  
**AGAI DICUTTA SCHOLARSHIP APPLICATION**  
 PLEASE RETURN TO: FAX 775-773-4188 Mailing: P.O BOX 127, SCHURZ, NV 89427  
 EMAIL: educationdirector@wrpt.org

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

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

**PHYSICAL ADDRESS:** \_\_\_\_\_

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

**ENROLLMENT #:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

List classes/courses currently enrolled in:


What are your long-term goals and how will the tribal funding aid you in accomplishing your goals?


How will your goals affect or benefit the tribe?


**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



WALKER RIVER PAIUTE TRIBE

**STUDENT CONTRACT**

PLEASE RETURN TO: FAX 775-773-4188 Mailing: P.O BOX 127, SCHURZ, NV 89427  
EMAIL:educationdirector@wrpt.org

This contract is made and entered into for the \_\_\_\_\_ semester of \_\_\_\_\_ (year) for which the Agai Dicutta Scholarship is awarded. The student applying for the Tribal Grant recognizes that this is an agreement between the student and Walker River Paiute Tribe Education Department.

**Please read and initial-**

- I, the recipient, shall complete and submit a Tribal Grant application each semester. \_\_\_\_\_
- I shall complete and submit Free Application for Federal Aid (FAFSA) application for the academic year. \_\_\_\_\_
- Complete and submit all financial aid forms as required by the school institution for each academic year, including FAFSA even though I may be ineligible. \_\_\_\_\_
- I understand if I do not maintain the minimum 2.0 GPA, that I could be placed on academic probation for the next semester. \_\_\_\_\_
- I understand that if I do not complete the probationary semester with the minimum 2.0 GPA, my funding will be suspended until I can earn 12 credits with other funding sources. \_\_\_\_\_
- I understand there will be no extension given if all required documentation is not submitted by the deadline and that my incomplete application will not be considered. \_\_\_\_\_
- I understand that I need to provide an official transcript after Fall semester and an official transcript after the Spring semester has ended. \_\_\_\_\_
- I understand if I accept funds and then withdraw from school and do not return the funds, I will be suspended from the Tribal Grant Program, until it is paid back. \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**WALKER RIVER PAIUTE TRIBE  
Education Department**

**Disclosure to Students and Parents of Dependent Students,  
and Consent Form for Disclosure**

To: Walker River Paiute Tribe Education Department

From: \_\_\_\_\_  
Student's First Name                      Middle Initial                      Last Name

\_\_\_\_\_  
Address                      City                      State                      Zip Code

Under the Family Educational Rights and Privacy Act (FERPA), schools are permitted to disclose information from a student's education records to Walker River Paiute Tribe Education Department if the parents of the student, or the student if over 18 years of age, consent to the disclosure. Similarly, and in an effort to protect student's education records and personally identifiable information in those records, the Walker River Paiute Tribe Education Department hereby provides notice to students and their parents that the student's personally identifiable information in his/her education records may be reviewed by the employees of the Education Department and the Tribe's Board of Education members to determine the student's eligibility for financial aid.

I, the undersigned, authorize the release of all information concerning (a) my academic and financial aid records if I am 18 years of age or older, or (b) my child's academic and financial aid records to the Walker River Paiute Tribe Education Department, its staff and the Tribe's Board of Education. I understand that if I choose to cancel this authorization, I must provide a written notice to the Tribe's Education Department. A cancellation will not affect any information received by the Tribe's Education Department prior to receipt of the cancellation request.

If student is a minor:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If student is 18 years of age or older:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_