ENRICHMENT PROGRAM GRANT APPLICATION

DEADLINES
December 15th, March 15th, June 15th, September 15th

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 $1,050/classes and $125 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 Mailing: PO Box 127, Schurz, NV 89427

APPLICATION DEADLINE: December 15th, March 15th, June 15th, September 15th

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:

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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:__________________