



WALKER RIVER PAIUTE TRIBE
EDUCATION DEPARTMENT

P.O. Box 127
4022 Hwy. 95 N
Schurz, NV 89427
775-773-2306 ext. 2160

JOM APPLICATION

***Student must be Native American**

***Must reside in Schurz**

***Signed Release of Information forms on file with the WRPT Education Department**

***Submit application and proof of payment/receipt to educationdirector@wrpt.org**

Date: _____

Student Name: _____
First Last M.I. Maiden

Mailing Address: _____
City State ZIP

Student DOB: _____ Sex: M _____ F _____ Prefer not to answer _____

Tribal Affiliation: _____ Enrollment #: _____

Contact Phone Number: _____ Email Address: _____

School Name: _____ Grade Level: _____

School Address: _____
City State ZIP

Seeking Assistance In:

- | | |
|---|--|
| <input type="radio"/> Student Body/Activity Cards | <input type="radio"/> Graduation Supplies (Seniors ONLY) |
| <input type="radio"/> Class Lab Fees | <input type="radio"/> If other, please explain: _____ |
| <input type="radio"/> Other Courses (GED Fees) | _____ |
| <input type="radio"/> Test Fees (ACT/SAT etc.) | _____ |
| <input type="radio"/> Class Supplies | _____ |
| <input type="radio"/> Sports Activities Supplies | _____ |

MUST INCLUDE RECEIPT OR DOCUMENTATION OF PAYMENT

Applicant Print Name: _____ Applicant Signature: _____

For Education Department Staff Only:

Received By: _____

Date: _____