WALKER RIVE PAIUTE TRIBE
EDUCATION DEPARTMENT
PO Box 127
Schurz, NV 89427
Ph: 775-773-2478
Fax: 775-773-4188
Email: educationdirector@wrpt.org

ADULT VOCATIONAL TRAINING APPLICATION

DEADLINES

The Adult Vocational Training Grant (AVT) application deadlines and related calendar of events are as follows:

1st QTR: December 15th 2nd QTR: March 15th 3rd QTR: June 15th 4th QTR: Sept. 15th

You must submit progress reports to be eligible for continued funding after the 6-month period. A student must maintain a 2.0 GPA 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 https://www.educationconnection.com/

The AVT Grant is intended to cover part of the students' unmet financial need, as we cannot fund it 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

Mailing: PO Box 127, Schurz, NV 89427

APPLICATION DEADLINES:

1st QTR: December 15th 2nd QTR: March 15th 3rd QTR: June 15th 4th QTR: Sept. 15th

APPLICATION REQUEST: ☐ 1ST QTR ☐ 2ND QTR ☐ 3RD QTR ☐ 4TH QTR

NAME:_____

LAST FIRST MIDDLE MAIDEN

MAILING ADDRESS:_____

CITY:_____ **STATE:**_____ **ZIP:**_____

DOB:_____/_____/_____ **SSN:**_____-_____-_____ **SEX: ☐ M ☐ F**

WALKER RIVER PAIUTE TRIBAL ENROLLMENT #:_____

MARITAL STATUS: ☐ Single ☐ Married ☐ Divorced

PH. #:_____ **EMAIL:**_____

NAME OF PROGRAM: _____

ADDRESS: _____ **CITY:** _____ **STATE:**_____

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

EXPECTED COMPLETION DATE: _____

HAVE YOU RECEIVED AN ADULT VOCATIONAL TRAINING GRANT FROM THE TRIBE BEFORE? ☐ **YES** ☐ **NO**

CERTIFICATION: *I declare that I will use any funds I receive under the Walker River Paiute Tribe Adult Vocational Training Grant Program solely for expenses connected with attendance at the above-named institution and certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of 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 Paiute Tribe Education Department at the end of each academic term.*

STUDENT SIGNATURE: _____ **DATE:** _____

Do not leave any blanks; an incomplete application may cause a delay in your funding process.

Revised on 2/26/2026

WALKER RIVER PAIUTE TRIBE

ADULT VOCATIONAL TRAINING – FINANCIAL NEEDS ANALYSIS FORM

PLEASE RETURN FORM TO: FAX 775-773-4188 **EMAIL:** educationdirector@wrpt.org

Mailing: PO Box 127, Schurz, NV 89427

PART A – IDENTIFICATION INFORMATION

STUDENT NAME: (Last, First, Middle)	**STUDENT ID:**
MAILING ADDRESS:	**CITY** **STATE** **ZIP**

I AUTHORIZE THE SCHOOL TO RELEASE GRADES, FINANCIAL INFORMATION, AND CLASS SCHEDULES TO THE WALKER RIVER PAIUTE TRIBE EDUCATION DEPARTMENT.

_____ _____

STUDENT SIGNATURE **DATE**

PART B – MUST BE COMPLETED BY FINANCIAL AID OFFICER

The above-named student has applied for a Walker River Paiute Tribe Adult Vocational Training Grant Program. The student is enrolled in **12 credits (full-time)** 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 the Tribe can act on this application. Thank you for your assistance.

SEMESTER/QUARTER: **STARTING DATE:**

_____ **TO** _____ _____

This student is considered: ☐ Independent ☐ Dependent

EXPENSES	**RESOURCES**
Tuition/Fees: $	Parent Contribution: $
Room/Board: $	Student Contribution: $
Books/Supplies: $	Pell Grant: $
Transportation $	Stafford Loan: $
Other: $	Other: $
TOTAL EXPENSES: $	Veteran's Benefits: $
	Scholarships: $
	SEOG: $
	Perkins Loan: $
	Waivers: $
	TOTAL RESOURCES: $

We recommend that WRPT to consider awarding this student $_____ per semester/quarter.

Date Completed: _____

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 #:

Revised on 2/26/2026

WALKER RIVER PAIUTE TRIBE

AGAI DICUTTA SCHOLARSHIP APPLICATION

PLEASE RETURN FORM TO: FAX 775-773-4188 **EMAIL:** educationdirector@wrpt.org

Mailing: PO Box 127, Schurz, NV 89427

NAME:_____

LAST FIRST MIDDLE MAIDEN

MAILING ADDRESS:_____

PHYSICAL ADDRESS: _____

CITY:_____ **STATE:**_____ **ZIP:**_____

SSN:_____-_____-_____ **ENROLLMENT #:**_____

List classes/courses including the number of credit hours that you are currently enrolled in:
(Example: If applying for the spring semester, list your spring classes as ENGL 101 – 3 credits)

The Agai Dicutta Scholarship is proudly funded by the Tribe's annual tax revenues. As a result, completion of the following questions is required for all applicants.

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

How will your goals affect or benefit the Tribe?

APPLICANT SIGNATURE: _____ **DATE:** _____

Revised on 2/26/2026

WALKER RIVER PAIUTE TRIBE

ADULT VOCATIONAL TRAINING APPLICATION – STUDENT CONTRACT

PLEASE RETURN FORM TO: FAX 775-773-4188 **EMAIL:** educationdirector@wrpt.org

Mailing: PO Box 127, Schurz, NV 89427

STUDENT CONTRACT

This contract is made and entered into for the _____ (fall/spring) semester of _____ (year) for which the Adult Vocational Training Grant is awarded. The student applying for the Adult Vocational Training Grant recognizes that this is an agreement between the student and the Walker River Paiute Tribe Education Department.

PLEASE READ AND INITIAL:

1. I, the recipient, shall complete and submit a Adult Vocational Training Grant application for each semester (after a 6-month timeframe) that I am seeking assistance. _____
2. I shall complete and submit a Free Application for Federal Student Aid (FAFSA) for the academic year. _____
3. I shall 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. _____
4. I understand that if I do not maintain a minimum 2.0 GPA, I could be placed on academic probation for the next semester. _____
5. I understand that if I do not complete the probationary semester with a minimum 2.0 GPA, my funding will be suspended until I can earn 12 credits with other funding sources. _____
6. 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. _____
7. I understand that I need to provide final grades and other progress reports as required in the Adult Vocational Training Grant Program Policy. _____
8. I understand that if I accept funds and then withdraw from school and do not return the funds, I will be suspended from the Adult Vocational Training Grant Program until it is paid back. _____

STUDENT SIGNATURE: _____ **DATE:** _____

WALKER RIVER PAIUTE TRIBE

ADULT VOCATIONAL TRAINING APPLICATION – FERPA RELEASE

PLEASE RETURN FORM TO: FAX 775-773-4188 **EMAIL:** educationdirector@wrpt.org

Mailing: PO Box 127, Schurz, NV 89427

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 the 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, and (c) verification of this student's Walker River Paiute Tribe enrollment status to determine eligibility for education programs, services, and/or benefits, 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 the student is a minor:

Parent Signature: _____ Date: _____

If the student is 18 years of age or older:

Student Signature: _____ Date: _____

Revised on 2/26/2026

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

6 City, state, and ZIP code

Requester's name and address (optional)

Walker River Paiute Tribe
PO Box 220
Schurz, NV 89427

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** **Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they