



WALKER RIVE PAIUTE TRIBE

Office of Education

PO Box 127, Schurz, NV 89427

Ph: 775-773-2478

Fax: 775-773-4188

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:

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: _____