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

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 takingadditional classes to enhance their skills.
- Students who have paid their tuition will be reimbursed upon submission of documentation for proof of payment.
- Maximum allowable for reimbursement is $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 DEADLINES: December 15th, March 15th, June 15th, September 15th

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:**_____

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:

ATTESTATION:

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:_____

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