**WALKER RIVER PAIUTE TRIBE**
**EDUCATION DEPARTMENT**
*P.O. Box 127*
*4022 Hwy. 95 N*
*Schurz, NV 89427*
*775-773-2306 ext. 2160*

# GRADUATION STOLE PROGRAM

The Education Department of the Walker River Paiute Tribe rewards students striving to complete continuing education goals and academic success. The Graduation Stole program is available for enrolled members of the Walker River Paiute Tribe who are currently graduating within their academic school year. The program offers the opportunity to receive a graduation stole for one Associate's, Bachelor's, Master's, or Doctoral Degree. Students graduating from 8th grade, high school, vocational programs, or proprietary schools are eligible. Parents/Legal guardians must complete an application for child(ren) under 18.

**DEADLINES:** **Fall** Graduates: November 15 (mailing purposes only)
**Spring** Graduates: April 15 (mailing purposes only)

**KEY REMINDERS:**
The student is responsible for obtaining permission from the school/college/university to wear the stole during commencement. Completion of the Call for All Graduates survey administered through the Education Department is required. Upon receipt of a complete application, the stole will be sent via U.S. Mail to the address listed on the application, or stoles may be picked up at the Education Department during regular business hours.

**REQUIREMENTS:**

1. Completed Application for the Graduation Stole Program
2. A letter from a school official, including the following details:
   - **8th Grade:** a. Student Name
     b. Commencement Date
   - **High School:** a. Student Name
     b. High School Diploma Type
     c. Commencement Date
   - **College/Vocational:** a. Student Name
     b. Program/Degree Type
     c. Major/Concentration
     d. Commencement Date
3. Copy of the most recent transcript (through the last semester completed)
   **Unofficial transcripts are acceptable. *Copy of GED Certificate of Completion accepted*
4. Completed the Call for All Graduates survey administered in the Education Department
   *Scan the QR Code here to access the survey, or follow the link:*

Call For All Graduates Survey (2026-2027)

**Please email or mail the application and required documents to:**
**EMAIL:** educationdirector@wrpt.org
**MAILING**: Walker River Paiute Tribe – Education Department PO Box 127 Schurz, NV 89427

**WALKER RIVER PAIUTE TRIBE**
**EDUCATION DEPARTMENT**
*P.O. Box 127*
*4022 Hwy. 95 N*
*Schurz, NV 89427*
*775-773-2306 ext. 2160*

## APPLICATION FOR THE GRADUATION STOLE PROGRAM

**Student Name**: _____
First Last M.I. Maiden

**Mailing Address**: _____
City State ZIP

**Student DOB**: _____ **Sex**: M_____ F____ **Prefer not to answer**_____

**WRPT Enrollment #**: _____

**Student Contact Phone Number**: _____

**Student Email Address**: _____

**School Name**: _____

**School Address**: _____
City State ZIP

**College/Vocational Graduates:** Program/Degree Type:_____

**High School Graduates:** High School Diploma Type: _____

*I hereby grant consent to the Education Department of the Walker River Paiute Tribe to share my information, such as name and enrollment number, with the Tribal Enrollment office within the Walker River Paiute Tribe for verification purposes. I understand that I am responsible for obtaining permission from the school/college/university to wear the stole during commencement. I/Graduating Student will complete the Call for All Graduates survey administered through the Education Department.*

**Date:** _____

**Applicant Print Name:** _____

***(For child(ren) under 18)*** **Parent/Guardian Print Name:** _____

**Applicant *and/or* Parent/Guardian Signature**: _____

---

***For Education Department Staff Only:***

Received By:_____ Date: _____

**TEMPLATE – LETTER FROM SCHOOL OFFICIAL FOR GRADUATION VERIFICATION**

**8TH GRADE GRADUATES:**

This letter serves as official verification that _____ graduated from _____
Student Name
_____ on _____.
School Name Commencement Date

They successfully completed all the required coursework and met the academic standards necessary to receive this achievement. Please contact the school registrar's office at _____
School Phone Number
for further information.

Sincerely,

_____
Signature

_____
Printed Name

_____
Title - Registrar/School Official

**TEMPLATE – LETTER FROM SCHOOL OFFICIAL FOR GRADUATION VERIFICATION**

**HIGH SCHOOL SENIOR GRADUATES:**

This letter serves as official verification that _____ graduated from _____
Student Name
_____ on _____ with a _____.
School Name Commencement Date High School Diploma/Type

They successfully completed all the required coursework and met the academic standards necessary to receive this diploma. Please contact the school registrar's office at _____
School Phone Number
for further information.

Sincerely,

_____
Signature

_____
Printed Name

_____
Title - Registrar/School Official

**TEMPLATE – LETTER FROM SCHOOL OFFICIAL FOR GRADUATION VERIFICATION**

**COLLEGE/VOCATIONAL GRADUATES:**

This letter serves as official verification that _____ graduated from
Student Name

_____ on _____ with a
College/Vocational School Name Commencement Date

_____.
Program/Degree Type Major/Concentration

They successfully completed all the required coursework and met the academic standards necessary to receive this degree/level of completion. Please contact the school registrar's office at

_____ for further information.
School Phone Number

Sincerely,

_____
Signature

_____
Printed Name

_____
Title - Registrar/School Official