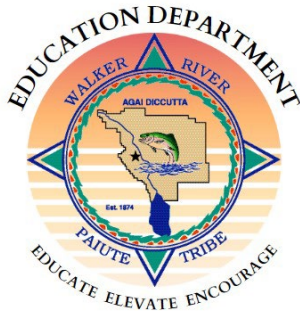




WALKER RIVER PAIUTE TRIBE EDUCATION DEPARTMENT

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

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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 _____
_____ 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