

HIGHER EDUCATION GRANT APPLICATION

DEADLINES

Higher Education Grant application and completed Financial Needs Analysis should be in the Tribal Higher Education Office no later than:

FALL SEMESTER-AUGUST 1ST, SPRING SEMESTER-DECEMBER 1ST

FINANCIAL AID OFFICER

The Walker River Paiute Tribal Higher Education Grant is intended to cover part of the student unmet financial need after all other University/College funds have been utilized to complete the student's financial aid package. The Walker River Paiute Tribe has inadequate funds to fund at 100%. WRPT awards on a semester basis, please submit FNA's accordingly.

STUDENTS

Must submit a complete application and will be required to re-apply for a Higher Education Grant each semester/quarter. All students are responsible for ensuring the complete application is in the Walker River Paiute Tribe Education Office by the deadline. Applications received after the deadline will not be considered.

- Students receiving a Higher Education Grant are required to submit an official transcript at the end of each semester or quarter.
- All students are required to apply for all Financial Aid Programs available through the University/College Financial Aid Office.
- Financial Aid Officer **MUST** complete the Financial Needs Analysis form of the grant application. It is the student's responsibility to get the Financial Aid Form to the Financial Aid Officer.

WALKER RIVER PAIUTE TRIBE
HIGHER EDUCATION GRANT APPLICATION
 PLEASE RETURN FORM TO: FAX 775-773-4188 EMAIL: educationdirector@wrpt.org
 Mailing: PO Box 127, Schurz, NV 89427

Application Deadlines: Fall Semester August 1st December 1st Spring Semester

APPLICATION REQUEST: (One semester ONLY) 20_____ SPRING FALL

NAME: _____
LAST FIRST MIDDLE MAIDEN

MAILING ADDRESS: _____

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

DOB: ____/____/____ **SSN:** ____-____-____ **SEX:** M F

TRIBAL AFFILIATION: _____ **ENROLLMENT #:** _____

MARITAL STATUS: Single Married Divorced **PH. #:** _____

EMAIL ADDRESS: _____ Semester hours earned to date: _____

Name of College: _____

Address: _____ **City** _____ **ST** _____ **ZIP** _____

College Major: _____ **Expected Graduation Date:** _____

STUDENT ID #: _____ **DEGREE SEEKING:** AA BS MA

Year in College: Freshman Sophomore Junior Senior Graduate

Have you received BIA Grant funding before? YES NO *What years?* _____

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

Student Signature: _____ **Date:** _____

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

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 HIGHER EDUCATION GRANT PROGRAM
FINANCIAL NEEDS ANALYSIS
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PART A – Identification Information

STUDENT NAME (Last, First, Middle)	STUDENT ID #: must be provided
MAILING ADDRESS:	CITY STATE ZIP

I AUTHORIZE THE SCHOOL TO RELEASE GRADES, FINANCIAL INFORMATION AND CLASS SCHEDULES TO THE WRPT EDUCATION DEPARTMENT.

STUDENT SIGNATURE _____

DATE _____

PART B – MUST BE COMPLETED BY FINANCIAL AID OFFICER

The above-named student has applied for a WRPT Higher Education Grant. The student is enrolled in **12 credits (fulltime)** 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 WRPT can act on this application. Thank you for your assistance.

Semester	Starting Date:
TO	
This Student is considered:	Independent Dependent
EXPENSES	D/RESOURCES
Tuition/Fees \$	Parent Contribution: \$
Room/Board \$	Student Contribution: \$
Books/Supplies \$	Pell Grant: \$
Transportation \$	Stafford Loan: \$
Other: \$	Other: \$
TOTAL EXPENSES: \$	Veteran's Benefits \$
	Scholarships \$
We recommend WRPT consider awarding	SEOG \$
This student \$ per	Perkins Loan \$
Semester/quarter.	Waivers \$
	TOTAL RESOURCES: \$

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 #:

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:** _____

ENROLLMENT #: _____ **SOCIAL SECURITY #:** _____

List classes/courses currently enrolled in:

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

How will your goals affect or benefit the tribe?

APPLICANT SIGNATURE: _____ **DATE:** _____

WALKER RIVER PAIUTE TRIBE
STUDENT CONTRACT
PLEASE RETURN TO: FAX 775-773-4188
EMAIL: educationdirector@wrpt.org

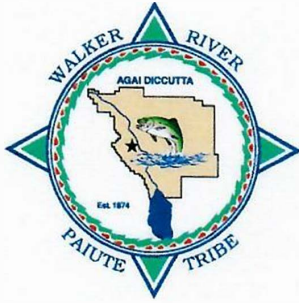
This contract is made and entered into for the _____ semester of _____(year) for which the Tribal Grant is awarded. The student applying for the Tribal Grant recognizes that this is an agreement between the student and Walker River Paiute Tribe Education Department.

Please read and initial

- I, the recipient, shall complete and submit a Tribal Grant application each semester. _____
- I shall complete and submit Free Application for Federal Aid (FAFSA) application for the academic year. _____
- 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. _____
- I understand if I do not maintain the minimum 2.0 GPA, that I could be placed on academic probation for the next semester. _____
- I understand that if I do not complete the probationary semester with the minimum 2.0 GPA, my funding will be suspended until I can earn 12 credits with other funding sources.

- 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. _____
- I understand that I need to provide an official transcript after Fall semester and an official transcript after the Spring semester has ended. _____
- I understand if I accept funds and then withdraw from school and do not return the funds, I will be suspended from the AG Scholarship Program, until it is paid back. _____

STUDENT SIGNATURE: _____ **DATE:** _____



**WALKER RIVER PAIUTE TRIBE
Education Department**

**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 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 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 student is a minor:

Parent Signature: _____ Date: _____

If student is 18 years of age or older:

Student Signature: _____ Date: _____