

# YUROK TRIBE—HIGHER EDUCATION GRANT APPLICATION

**FALL application period:** July 1 – September 30

MAIL: Yurok Tribe, P.O. Box 1027, Klamath, CA 95548

**SPRING application period:** December 1 – March 5

FAX: (707) 482-0760 PHONE: (707) 482-1822 ext. 1021

All information is volunteered; however, any omissions may prevent processing. Grant policies located on Tribe's Education Dept. website.

School Year: 20\_\_\_\_—20\_\_\_\_ Choose Applicable Term: Spring \_\_\_ Fall \_\_\_ Both \_\_\_

Name \_\_\_\_\_ Social Security #XXX-XX-\_\_\_\_\_  
Last First MI Maiden

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address City State Zip Code

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Tribal Roll # \_\_\_\_\_

Have you received a Yurok Tribe Higher Education Grant before? Yes \_\_\_ No \_\_\_

If yes, what years? \_\_\_\_\_ Number of semester hours earned: \_\_\_\_\_ Or quarter hours: \_\_\_\_\_

Full-time OR Part-time Number of Units: 6 7 8 9 10 11 12+ other \_\_\_\_\_

Name of College \_\_\_\_\_

College Address \_\_\_\_\_

Must be an accredited Institution in order to be considered for funding

College Major \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Freshman Sophomore Junior Senior Grad Degree: AA \_\_\_ BA \_\_\_ BS \_\_\_ MA \_\_\_ Other \_\_\_

Name and Address of High School \_\_\_\_\_

Type of High School: Tribal \_\_\_ Private \_\_\_ Public \_\_\_ GED \_\_\_ Graduation/GED Date \_\_\_\_\_

Parent's Highest Level of Education: some HS \_\_\_ HS/GED \_\_\_ some college \_\_\_ BA/BS \_\_\_ MA \_\_\_ PhD \_\_\_

Mother's Tribal Affiliation: \_\_\_\_\_ Father's Tribal Affiliation: \_\_\_\_\_

Send the following documents along with this application:

- 1) Schedule of enrolled classes for current school term
- 2) Proof of FAFSA completion (can either be: college financial aid award letter; FAFSA email; first page of SAR report)
- 3) After each school term ends, a copy of college transcripts (may be unofficial copy)

Statement of education purpose: I declare that I will use any funds I receive under the Yurok Tribe Higher Education Grant Program solely for expenses connected with attendance at the college listed above.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**FOR OFFICE USE ONLY** Date Received: \_\_\_\_\_ Application Complete: yes \_\_\_ no \_\_\_

Schedule \_\_\_\_\_  FAFSA \_\_\_\_\_  Transcripts \_\_\_\_\_  Other \_\_\_\_\_

Ready to Process: \_\_\_\_\_ Date Processed: \_\_\_\_\_

### Privacy Act and Paperwork Reduction Act Statement

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974. Although furnishing personal information to this office is voluntary, failure to supply complete and accurate information may preclude the applicant from eligibility for assistance under this program. This information is being collected to determine eligibility of individuals applying for services. This information will be used to produce statistical records required of the Yurok Tribe. Response to this request is required to obtain a benefit.