YUROK TRIBE
HIGHER EDUCATION GRANT APPLICATION

All information is volunteered; however, failure to fully complete all application parts may result in delays of processing this application or make it impossible to process at all.

Mail completed application to: The Yurok Tribe, P.O. Box 1027, Klamath, CA 95548 or fax it to: (707) 482-0760

Name: _____ Social Security #:_____
Last First MI Maiden

Address: _____ Telephone: _____
Mailing Address City State Zip Code

Date of Birth: _____ Gender: _____

Tribal Roll #:_____

Name and Address of High School: _____

Type of High School: __BIA __Tribal __Private __Mission __Public __GED Graduation/GED Date: _____

Application Request for School Year 20_____ - 20_____

___Academic Year ___Spring Only ___Fall Only ___Summer ___Full-Time ___Part-Time

Name and Address of College Selected: _____
_____

College Major: _____Expected Graduation Date:_____

Expected Degree: ___AA ___BA ___BS ___MA ___Other:_____

Year in College: ___Freshman ___Sophomore ___Junior ___Senior ___Graduate

I will live: ___On Campus ___Off Campus ___With Parents

Have you received a BIA/Tribal Grant Before? ___Yes ___No

If yes, what years? _____ Number of semester hours earned: _____ Quarter hours: _____

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:

Name of Institution: _____

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

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.

I request that any Tribal scholarship awarded to me be mailed to me. I will provide a copy of my official college or school course enrollment with this application and my final grades and/or transcripts to the Yurok Higher Education Office at the end of each term.

Signature of Student_____ Date: _____

E-Mail Address:_____

FOR OFFICE USE ONLY: Date Received: _____ Application Complete: ___ yes ____ no

Items needed: _____
Ready to Process: _____ Date Processed:_____

Revised: June 2010