

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) 482-1377 PHONE: (707) 460-6910 ext. 1808

Work Cell: (707) 457-7085

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 _____ Tribal Roll # _____

Have you received a Yurok Tribe Higher Education Grant before? Yes__ No__

If yes, What years _____? Number of units you earned in the past _____. Semester _____ or Quarters _____

Full-time OR Part-time Number of Units: 6 7 8 9 10 11 12 Other: _____

Name of Your College _____

College Address _____

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

Your College Major _____ Your Expected Graduation _____

Freshman Sophomore Junior Senior Grad Degree: AA__ BA__ BS__ MA__ Other__

Name and Address of High School _____

Type of High School: Public__ or GED__ Graduation/GED Date _____

Send the following documents along with this application:

- 1) Your schedule of enrolled classes for the current school term, including the number of units.
- 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)
- 4) **Senior year photo of you is Required**

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__ <input type="checkbox"/> Schedule _____ <input type="checkbox"/> FAFSA _____ <input type="checkbox"/> Transcripts _____ <input type="checkbox"/> Enrollment _____ Ready to Process: _____ Date Processed: _____
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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.