

YUROK TRIBE—HIGHER EDUCATION GRANT APPLICATION

Application period: **FALL** July 1 – September 30 Email: higheredgrants@yuroktribe.nsn.us (preferred method)
SPRING December 1 – March 5 Mail: Yurok Tribe, P.O. Box 1027, Klamath, CA 95548
 PHONE: (707) 482-1822 ext. 1508 FAX: (707) 482-1377

*Grants are awards on a first come first served basis, please **don't wait** for the last day to apply.
 Students' responsibility to **Confirm** that completed application has been received.*

Please submit a **completed** application only, including:

- 1) Completed application page.
- 2) Unofficial college transcript/s including current term/semester classes with your name.
- 3) Form W-9 with same mailing address as app. For internal fiscal purposes only- use last 4 digit of social security number. FAFSA completion, although no longer required, is highly recommended to access possible additional funding.

Name: _____			
Last	First	MI	Maiden or Previous Names
Address: _____			Date of Birth: _____
Mailing Address	Apt. #	City	State Zip Code
Tribal Roll #: _____	Social Security #: XXX-XX _____	Phone: _____	
E-Mail Address: _____		School Year: 20____ — 20____	
Name of College: _____			
College Address: _____			
<u>Must be an accredited Institution in order to be considered for funding.</u>			
<u>Part-time</u> : Number of units (6-11): _____		<u>Full-time</u> : Number of units (12 or more) : _____	
<small>(Graduate level units may differ)</small>		<small>(Graduate level units may differ)</small>	
College Major: _____		Expected Graduation Date: _____	
Freshman: _____	Sophomore: _____	Specify Expected Degree: Associate AA/AS: _____ Bachelors BA/BS: _____ Masters MA/MS: _____ Postgraduate: _____ Other: _____	
Junior: _____	Senior: _____		

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

Have you received a Yurok Tribe Higher Education Grant before? Yes _____ No _____ If yes, what years? _____

Name and Address of High School _____

High School Graduation or GED Completion Date _____

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. I have read and understand the Higher Education Grant Policies and agree to the terms.

Signature of Student _____ Date _____

FOR OFFICE USE ONLY	App Reviewed	<input style="width: 100%; height: 30px;" type="text"/>	Final Approval	<input style="width: 100%; height: 30px;" type="text"/>
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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.