Summit Lake Paiute Tribe
1001 Rock Blvd.
Sparks, NV 89431-4337
(775) 827-9670 (ofc) (775) 827-9678 (fax)

HIGHER EDUCATION SCHOLARSHIP APPLICATION

All information is voluntary, however, failure to complete all applicable parts may result in delays in processing this application or making it impossible to process.

Name: _____ Soc. Sec. #: _____ - _____ - _____

Address: _____
Street/P.O. Box City, State Zip Code

Telephone: _____ Best Hours to Contact: _____

Date of Birth: _____ Gender: _____

Marital Status: _____ Veteran: [ ] Yes [ ] No

Enrollment #: _____ Dependents: _____

High School Attended: _____

High School Graduate: [ ] Yes [ ] No If yes, date: _____ GED [ ] Yes [ ] No

Name of College You Want Funding to Attend: _____
Address: _____ Phone_____ Fax _____

Year in College: [ ] Freshman [ ] Sophomore [ ] Junior [ ] Senior [ ] Graduate Student
[ ] Doctorate Student
Academic Year: _____ Term Attending: [ ] Fall [ ] Winter [ ] Spring [ ] Summer
Number of Credit Hours Enrolled: _____ Number of Credits Previously Earned: _____
Major: _____ Minor: _____
Estimated Date of Graduation: _____
Will You Graduate This School Year: [ ] Yes [ ] No Degree Expected This Year: _____
If Not This Year, When Do You Expect to Graduate from the above College? _____

I certify that I will use all funds I receive under the Summit Lake Paiute Tribe's Higher Education Grant Program solely for those expenses connected with attendance at the above-identified college. I also certify that the above information is true and correct to the best of my knowledge. I consent to the release of information to the necessary agencies to complete my financial aid package. I request that any scholarship funds awarded to me be sent in the mail, in care of the financial aid office of the institution I am attending, except living expense funds. At the end of each term I will send a copy of my official transcript to the Summit Lake Paiute Tribe at 1001 Rock Blvd., Sparks, NV 89431-4337.

_____ _____
Student's Signature Date

Rev. 7.28.08