

# LVPT EDUCATION FINANCIAL ASSISTANCE VOCATIONAL TRAINING SCHOOL APPLICATION



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<b>Issued:</b>	
<b>Returned:</b>	
<b>Reviewed:</b>	

**Eligibility:** Members of the Las Vegas Paiute Tribe  
Biological children of Tribal Members  
Grandchildren of Tribal Members.

**Financial Assistance Award:** Vocational School in Las Vegas, Nevada; not to exceed **\$4,000.00** per 6 month period.  
Students may apply one time per training period.

**Requirements:**

1. Complete the Las Vegas Paiute Tribal Financial Assistance Application.
2. Provide proof of acceptance into the Vocational Training School with a copy of the training schedule or a letter from the office of Admissions.
3. Provide official transcripts.
4. Sign the Terms of the Agreement.

*Once Financial Assistance has been awarded, the applicant must remain in  
'good academic standing'.*

*The recipient of the Financial Assistance Award must submit a certificate of completion, li-  
cense, or any other proof of completion of training to the Las Vegas Paiute Tribe Education  
Committee.*

## VOCATIONAL TRAINING SCHOOL FINANCIAL ASSISTANCE APPLICATION

**STUDENT INFORMATION:**

Name:				
Address:				
DOB:		Gender:	M	F
Phone #:	Email:			

**TRIBAL MEMBER RESPONSIBLE:**

LVPT Member:		Enrollment #:		
Address:				
DOB:		Gender:	M	F
Phone #:	Email:			

**ACADEMIC INFORMATION:**

High School:						
Address:						
Graduation Date:		/	/	GED:	Y	N

**VOCATIONAL TRAINING** Applying for:

Address:				
Certification Sought:				
Licenses needed:				
Online:				
Student Status:	Full time		Part time	

**Period of Training (dates):**

Have you received financial assistance from LVPT before?
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Special Recognition/Other Scholarship Awards:


## VOCATIONAL TRAINING FINANCIAL ASSISTANCE APPLICATION

<b>Name of Student:</b>	Phone #:
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**EDUCATIONAL GOALS:** How will the requested amount help those goals?


**EXPENSES:**

Tuition/ Fees:	\$
<b>Required</b> textbooks and software:	\$
Lab Fees:	\$
Supplies (Does not include personal electronics. ie: computers, printers, hardware):	\$ 25 / 50
Supplemental Books:	\$
<b>TOTAL EXPENSES:</b>	\$

Tuition made payable to:	\$
Check payable to:	\$

**TERMS OF THE AGREEMENT:**

	I agree to complete the training in which I have applied.
	I agree to pay back the full amount of award if I do not complete the term.
	I will provide a copy of certificate, license, or any other document of completion to LVPT Ed.
	I will inform the LVPT Education Committee of my completion or withdrawal.

Date:	Student Signature:
Date:	Tribal Member Signature:

**OFFICIAL USE ONLY:**

Date:	Education Committee Chair Signature:
Date:	LVPT Chairperson Signature: