

LVPT EDUCATION FINANCIAL ASSISTANCE COMMUNITY OR JUNIOR COLLEGE APPLICATION



Number One Paiute Drive
Las Vegas, Nevada 89106
Office: (702) 386-3926
Fax: (702) 383-4019
Toll Free: (877) 375-3627

Issued:	
Returned:	
Reviewed:	

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

Financial Assistance Award: Award not to exceed **\$5,000.00** per semester.
Student can only apply once per semester.

Requirements:

1. Complete the Las Vegas Paiute Tribal Financial Assistance Application.
2. Provide official transcripts and class schedule.
3. Sign the Terms of the Agreement.

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

Applicant must maintain a 2.0 Grade Point Average.

The recipient of the Financial Assistance Award must submit final grades, or transcript, at the end of the semester to the Las Vegas Paiute Tribe Education Committee.

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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
COLLEGE Applying for:			
Address:			
Minor:			
Major:			
Online:			
Student Status:		Full time	Part time
SEMESTER :			

Have you received financial assistance from LVPT before?

Special Recognition/Other Scholarship Awards:

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Name of Student:	Phone #:
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EDUCATIONAL GOALS: How will the requested amount help those goals?

EXPENSES:

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

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

TERMS OF THE AGREEMENT:

	I agree to complete the Semester 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 transcripts of the semester completed.
	I will inform the LVPT Education Committee of my completion or withdrawal from the Semester.

Date:	Student Signature:
Date:	Tribal Member Signature:

OFFICIAL USE ONLY:

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