

## LVPT EDUCATION FINANCIAL ASSISTANCE COMMUNITY OR JUNIOR COLLEGE 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:** Award not to exceed **\$2,000.00** 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?
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Special Recognition/Other Scholarship Awards:

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<b>Name of Student:</b>	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:	\$
<b>TOTAL EXPENSES:</b>	\$

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: