

LVPT EDUCATION FINANCIAL ASSISTANCE VOCATIONAL TRAINING SCHOOL APPLICATION



Number One Paiute Drive
Las Vegas, Nevada 89106
Office: (702) 386-3926
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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: Vocational School in Las Vegas, Nevada; not to exceed **\$3,000.00** 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

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 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: