Summit Lake Paiute Tribe 2255 Green Vista Dr. Ste. 402 Sparks, NV 89431

(775) 827-9670 (office) (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:	•	urs to Contact:	
Date of Birth:			
Marital Status:			
Enrollment #:		Dependents:	
High School Attended:	_		
High School Graduate: [] Yes [] No If y	es, date:	GED[]Yes[]No	
Name of College You Want Funding to Atto Address:	end: Phone	Fax	
Year in College: [] Freshman [] Sophom Academic Year: Term Attendit Number of Credit Hours Enrolled: Major: Estimated Date of Graduation: Will You Graduate This School Year: [] Y If Not This Year, When Do You Expect to G	ng: [] Fall [] Number of O Minor: Tes [] No I Graduate College	[] Doctorate Student Winter [] Spring [] Summer Credits Previously Earned: Degree Expected This Year: ?	
I certify that I will use all funds I receive un Education Grant Program solely for those exidentified college. I also certify that the about knowledge. I consent to the release of inforfinancial aid package. I request that any schoare of the financial aid office of the institut At the end of each term, I will send a copy of Tribe at 2255 Green Vista Dr. Ste. 402, Spanning Trib	xpenses connected to the information is the mation to the nect to larship funds a value of my official transports of my official transports.	d with attendance at the above- strue and correct to the best of my ressary agencies to complete my warded to me be sent in the mail, in g, except living expense funds.	
Student's Signature	<u> </u>	Date	

Rev. 7.28.08