

LVPT EDUCATION FINANCIAL ASSISTANCE UNIVERSITY 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: Not to exceed **\$6,000.00** per semester.
Students can apply once per semester.

Requirements:

1. Complete the Las Vegas Paiute Tribal Financial Assistance Application.
2. Provide proof of acceptance into the University with a copy of your class schedule and an official letter of acceptance.
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' at the University.*

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 of Student:				
Address:				
DOB:	Phone #:	Gender:	M	F
Email:				

TRIBAL MEMBER RESPONSIBLE:

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

ACADEMIC INFORMATION:

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

UNIVERSITY Applying for:

Address:				
Minor:				
Major:				
Online:				
Student Status:	Full time	<input type="checkbox"/>	Part time	<input type="checkbox"/>

SEMESTER :

Have you received financial assistance from LVPT before?
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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 for at the University.
	If I do not complete the Semester, I will pay back the full amount in which I have been awarded.
	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: