



**FALLON PAIUTE-SHOSHONE TRIBE**  
565 Rio Vista Drive, Fallon, Nevada 89406  
Ph: (775) 423-8065 FAX: (775) 423-8067  
Website: [fpst.org](http://fpst.org) \* Email: [educationdirector@fpst.org](mailto:educationdirector@fpst.org)

## **ADULT VOCATIONAL TRAINING PROGRAM APPLICATION**

Applicant:

Enclosed is the application packet you requested for the Adult Vocational Training Program (AVT). If you are a first time applicant, the AVT Policy is also enclosed. This policy explains the requirements and procedures for the AVT Program, please read it and become familiar with it.

Keep in mind that this application represents you. Many times the application is the first impression you make. To assist you in making a positive impression, we have listed a few recommendations below:

- ❖ You should read the entire document before you start to complete the application.
- ❖ Complete each form neatly and accurately.
- ❖ **Supply all the information requested of you, and submit the application before the stated deadline dates.**
- ❖ Please type or write neatly, as it is often difficult to read home addresses, e-mail addresses, and telephone numbers.
- ❖ **Include the full address and telephone numbers to the school you will be attending.** Sometimes it is faster for the FPST Education Department to contact the school directly concerning your file.
- ❖ If the application is faxed, please mail the hard copy.
- ❖ Do not leave any question blank.
- ❖ Please do not state, "You already have that information." If the application should ask for addresses and telephone numbers, it is your responsibility to supply the information. Make the extra effort to secure the correct information.
- ❖ Read and verify all items before you sign any document.
- ❖ For your records, make a copy of each document, after it is completed.

*Please be advised, tribal funding will only meet a portion of your unmet need. It is your responsibility to know the expenses of the Institution you are attending and to apply for other scholarships and research other funding sources. There will be no emergency funds or other funds available beyond the award you receive.*

If you need assistance during any portion of completing this application process, please contact the Education Office at (775) 423-8065, extension 222 for Education Director or extension 228 for the Education Specialist.

### **ADULT VOCATIONAL TRAINING PROGRAM DEADLINES:**

**Spring Quarter** – November 1<sup>st</sup> (Jan-Mar)

**Summer Quarter** – February 1<sup>st</sup> (Apr-June)

**Fall Quarter** – May 1<sup>st</sup> (July-Sept)

**Winter Quarter** – August 1<sup>st</sup> (Oct-Dec)

**FALLON PAIUTE-SHOSHONE TRIBE**  
**ADULT VOCATIONAL TRAINING PROGRAM APPLICATION**

**This application is for students enrolling in Adult Vocational Training.** All information requested is voluntary; failure to fully complete all applicable parts may result in delays of processing or an incomplete application.

***Student Information***

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
*Last First Middle Maiden*

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
*Street City State Zip Code*

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

FPST Enrollment #: \_\_\_\_\_ Email Address: \_\_\_\_\_

***Education Information***

Application Request for: Year: \_\_\_\_\_ Quarter: Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_

Date of High School Graduation or GED received: \_\_\_\_\_

Program Title: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

Certification Seeking: \_\_\_\_\_

Length of Program: \_\_\_\_\_ Grading Periods are: \_\_\_\_\_

School Name: \_\_\_\_\_

School Mailing Address: \_\_\_\_\_  
*Street City State Zip Code*

Have you received a tribal education grant before: YES NO If Yes, Semester & Year: \_\_\_\_\_

Student Residence: On Campus Off Campus With Parents

Have you completed a Free Application for Federal Student Aid (FAFSA): YES NO

Is the Institution/school eligible for Federal Funding? YES NO

**PRIVACY ACT & PAPERWORK REDUCTION ACT STATEMENT**

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974. Although furnishing personal information to this office is voluntary, failure to supply complete and accurate information may preclude the applicant from eligibility for assistance under this program. This information is being collected to determine eligibility of individuals applying for services. This information will be used to produce statistical records required of the Office of Indian Education Programs. Response to this request is required to obtain benefits.

***I hereby certify the information on this form is true and correct, and consent to the release of this information to the necessary personnel. I declare that I will use any funds I receive under the FPST Adult Vocational Training Program solely for expenses connected with attendance at the above named institution. I will provide a copy of my grades or progress report to the FPST Education Department at the end of each grading period.***

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*



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**Adult Vocational Training Program  
 Financial Needs Analysis Form**

**Part A- Student Identification Information**

Student Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Maiden \_\_\_\_\_ SSN # \_\_\_\_\_

Current Mailing Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

By signing below, I authorize the educational institution referenced below to release the required information from my school to the above tribal education department.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Part B – TO BE COMPLETED BY FINANCIAL AID OFFICER ONLY\*\***

Budget Period:  Spring  Summer  Fall  Winter

Quarter: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

EXPENSES	RESOURCES
Tuition/Fees _____	Pell Grant _____
Room/Board _____	Other Grants _____
Book/Supplies _____	Scholarships _____
Transportation _____	
Total Expenses _____	Total Resources _____

Is this student's file complete?  YES  NO If NO, why \_\_\_\_\_

Total Expenses – Total Resources = \_\_\_\_\_ (Remaining Need)

We recommend that you award this student \$ \_\_\_\_\_ [amount is based on semester / year.]

Financial Aid Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

College Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



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**FALLON PAIUTE-SHOSHONE TRIBE  
ADULT VOCATIONAL TRAINING PROGRAM**

**AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION**

**CERTIFICATE OF RELEASE**

I hereby request and absolve the designated school below from liability for releasing a copy of my transcripts and other information pertinent to my financial needs and eligibility for funding to the Fallon Paiute Shoshone Tribes Education Program.

Fallon Paiute Shoshone Tribe  
Higher Education Program  
565 Rio Vista Drive  
Fallon, Nevada 89406  
(775) 423-8065 ext. 222  
Fax number: (775) 423-8067

Name of Educational Institution: \_\_\_\_\_

Address of Educational Institution: \_\_\_\_\_

Telephone Number of the Educational Institution: \_\_\_\_\_

Fax Number of the Educational Institution: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please return this signed form to the Fallon Paiute Shoshone Tribe's Education Program.



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ADULT VOCATIONAL TRAINING PROGRAM**

**CERTIFICATE OF COMPLIANCE**

I have read and understand the Policies and Procedures that have been established for the Fallon Paiute Shoshone Tribe's Adult Vocational Training Program and hereby agree to abide by these conditions.

As an Adult Vocational Training Scholarship recipient, I shall:

- Maintain full time status as defined by the program.
- Maintaining a minimum of 2.0 GPA or satisfactory progress, dependent on school grading system.
- I understand that if I do not maintain the minimum GPA or requirement, that I will be placed on academic probation for the next grading period.
- I understand that if I do not complete the probationary period with the minimum grade point average or satisfactory progress report, my funding will be suspended.
- I will submit to the FPST's Higher Education Office within 30 days after each term/semester/quarter an OFFICIAL REPORT or TRANSCRIPT.
- I will attend the institution named in the award letter. I understand NO transfer of scholarship funds between institutions during the semester will be allowed.
- I understand if I've applied for a semester or Academic Year and do not attend school my application will become void and I must re-apply at the next applicable deadline. Funding will not be held for me.
- I am expected to complete the course.
- I must immediately notify the FPST Education Director upon my withdrawal or expulsion, and return any refunds.

Signature of Applicant: \_\_\_\_\_

\_\_\_\_\_ Date

\*Please return this signed form with your application to the Fallon Paiute Shoshone Tribe's Education Program.