



FALLON PAIUTE-SHOSHONE TRIBE

565 Rio Vista Drive, Fallon, Nevada 89406
Ph: (775) 423-8065 FAX: (775) 423-8067
Website: fpst.org * Email: educationdirector@fpst.org

ENRICHMENT PROGRAM APPLICATION

Dear Applicant:

Enclosed is the application form you requested for the Enrichment Program. If you are a first time applicant, the Enrichment Policy is also enclosed. This policy explains the requirements and procedures for the Enrichment Program.

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.

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.

ENRICHMENT PROGRAM DEADLINES:

FALL SEMESTER – JUNE 1

SPRING SEMESTER – NOVEMBER 1

FALLON PAIUTE-SHOSHONE TRIBE
ENRICHMENT PROGRAM APPLICATION

This application is for students wishing to enroll in a part-time program. All information requested is voluntary; however, failure to fully complete all applicable parts may result in delays of processing this application 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

Student Category: Seeking Degree Job Enhancement Personal/life Enhancement Other

Application Request for: Year: _____ Semester: Spring _____ Fall _____

Date of High School Graduation or GED received: _____

College Major: _____

Degree Seeking: AA _____ BA _____ BS _____ MA _____

Year in College: Freshman Sophomore Junior Senior Graduate

School Name: _____

School Mailing Address: _____
Street City Zip Code

Have you ever received a tribal education grant before: YES NO Semester & Year: _____

List course and how it fits into your educational plan: _____

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 Enrichment Program solely for expenses connected with attendance at the above named institution. I will provide a copy of my grades or transcript to the FPST Education Department at the end of each semester.

Signature of Student

Date



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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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FALLON PAIUTE-SHOSHONE TRIBE ENRICHMENT PROGRAM

CERTIFICATE OF COMPLIANCE

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

I am expected to declare my major, enroll as a part-time student, notify the FPST Education Director upon my withdrawal or expulsion, and return any refunds. It shall be my responsibility to submit a copy of my grade report or transcript or diploma or Certificate of Completion, whichever is applicable, to the Tribal Education Office within fifteen (15) days after the completion of the course.

Signature of Applicant: _____ Date: _____

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