

# Pyramid Lake Paiute Tribe Consolidated Higher Education Program

Post Office Box 256  
Nixon, Nevada 89424

Telephone: Pyramid Lake Paiute Tribal Office (775) 574-1000, FAX; (775) 574-1008  
Consolidated Higher Education Office (775) 574-0300 FAX; (775) 574-0302

## **\$500.00 Pyramid Lake Paiute Tribal Policy/Scholarship**

The \$500.00 Pyramid Lake Paiute Tribal Scholarship is available to assist Tribal Members to fulfill a portion of the applicant's educational costs. This award is to assist in courses at a college, vocational school or professional development courses, including attendance at workshops or conferences.

There is no established deadline for the \$500.00 Tribal Scholarship as completed applications are processed monthly. The scholarship is available one time a year per student. After you've received the \$500.00 Scholarship, you are not eligible to receive another \$500.00 Scholarship until after one year from the last approved scholarship.

This \$500.00 Scholarship is presented monthly to the Consolidated Higher Education Committee for recommendation to the Pyramid Lake Paiute Tribal Council.

### **Determination of Eligibility**

**To be considered eligible to apply for a Tribal Scholarship, the applicant must;**

- Be an enrolled member of the Pyramid Lake Paiute Tribe
- Have an "Official High School Diploma or a High School Equivalence Certificate or Adult High School Diploma or working in a Program offering a High School Equivalence Certificate"
- Show a 2.0 Grade Point Average from a most recent term/semester if the applicant is a continuing student.
- Must show registration or an acceptance letter from an education institute/adult vocational training.

### **Complete Applications are Necessary**

**The following documentation is required for your application to be considered complete:**

- A completed application signed and dated.
- An Official Transcript or an Official Grade Report showing that you've maintained a 2.0 GPA from most recent term/semester completed. If a first time college student, a copy of your high school diploma or High School Equivalence Certificate, or Adult Diploma (Initial Applications Only). If attending a career training program which offers a High School Equivalence Certificate Program, proof of enrollment in such a program is required.
- Letter of evidence of acceptance from the school in which the student will be enrolled. If the school does not have a formal competitive admission policy in place; other evidence such as a class schedule, or accredited workshop registration form shall be attached to application.
- Written documentation of the Pyramid Lake Tribal Membership (Initial Application Only)

**Recipients of the \$500.00 Tribal Scholarship must submit a copy of their official grade/transcript and/or a certificate of completion of the training to the Pyramid Lake Paiute Tribe, Consolidated Higher Education Program Office after each term/quarter/semester.**

### **Academic Requirements**

- Students must maintain a minimum of 2.0 Grade Point Average
- If a student receives a scholarship but does not complete a semester, his/her application will not be considered for two (2) years.

# \$500.00 Pyramid Lake Paiute Tribal Scholarship Application

## Student Information:

Applicant: \_\_\_\_\_ Telephone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Tribal ID: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Tribal Enrollment Number: \_\_\_\_\_ (address) Year in School: \_\_\_\_\_ (state) (zip)

Credits Earned to Date: \_\_\_\_\_

Assistance Requested to Fulfill Education Costs for the following category: (Check on of the following)

Full-Time  Vocational  Professional Development  Part-Time  GED Program

## College/University/Institution/ High School Equivalence Certificate Program:

Institution attending: \_\_\_\_\_

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

Dates attending: \_\_\_\_\_

## For the first time applicant, please explain your long-term education goal:

---

---

---

---

For all applicants, explain in detail your short term educational goal for this application. Please explain in detail what steps you have taken to accomplish previous short term goals, and status of education goals.

---

---

---

---

---

---

---

---

## Give a brief explanation of how you plan to use this funding.

---

---

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_

If approved, would you like the check mailed to the address listed above: Yes  No

New address: \_\_\_\_\_

**Pyramid Lake Paiute Tribe  
Consolidated Higher Education Program**

**Student Contract**

This contract is made and entered into for the ( ) Fall 20 \_\_\_\_ - ( ) Spring Semester 20 \_\_\_\_ for which this scholarship award is granted. The student making an application for funding recognizes that this application is between the student and the Pyramid Lake Paiute Tribe (PLPT), Consolidated Higher Education Program for the receipt of the Higher Education Program, Adult Vocational Program or the Enrichment Scholarship Program; and hereinafter shall be called the SCHOLARSHIP RECIPIENT.

---

**Initial each section: THE SCHOLARSHIP RECIPIENT**

- \_\_\_\_\_ 1. I, the scholarship recipient, have read and understand the PLPT's (check applicable program)  
 Higher Education  Adult Vocational Training  Enrichment  PLPT \$500.00  
As the scholarship recipient, I understand I must abide by these guidelines in order to be funded by the Pyramid Lake Paiute Tribe Consolidated Higher Education Program.
- \_\_\_\_\_ 2. I shall complete and submit a Pyramid Lake Paiute Tribe Consolidated Higher Education Application a FAFSA Application and Financial Aid packet Form each academic year with all required information established deadline dates.
- \_\_\_\_\_ 3. Complete and submit all financial aid forms as required by the Institution for each academic Year by specified deadline including the FAFSA, even though I may be ineligible.
- \_\_\_\_\_ 4. Upon the recipients completed application, the Pyramid Lake Paiute Tribe Consolidated Higher Education Program shall provide minimal financial assistance for the term (semester /quarter/trimester) based on need and the amount specified in the award letter. I will still be for eligible Tribal as my inherited right as a member of the Pyramid Lake Paiute Tribe.

**On question 5, please initial only the scholarship you are applying for.**

- \_\_\_\_\_ 5. As a **Higher Education Scholarship recipient, (Undergraduate)** I shall maintain full time Status earning no less than 12 credit hours with a Grade Point Average no less than 2.0 At the end of the regular semester or quarter to remain eligible for financial assistance  
  
\_\_\_\_\_ As an **Enrichment Scholarship recipient**, I shall earn no less than the credits for which I am Applying for with a Grade point Average no less than 2.0 at the end of the regular semester quarter to remain eligible for financial assistance.  
  
\_\_\_\_\_ As a **Graduate Student**, I understand I must maintain the maximum number of credits allowed for my respective program.
- \_\_\_\_\_ 6. I understand if I do not maintain the minimum (GPA), that I could be put placed on academic Probation for the next semester,
- \_\_\_\_\_ 7. , the recipient, understand if I do not complete the probationary semester with the minimum grade point average, my funding will be suspended until I can earn 12 credits with a 2.0 grade point average through other sources.
- \_\_\_\_\_ 8. I, the recipient, understand that I will be responsible for paying back the tuition for the number of credits dropped and that future funding will be suspended if payment arrangements are not made.
- \_\_\_\_\_ 9. I the recipient shall use awarded funding for any related educational expenses.
- \_\_\_\_\_ 10. The recipient shall attend the institution in the award letter. No transfer of scholarship funds between institutions during the semester shall be allowed.

\_\_\_\_\_ 11. The recipient, in requesting future PLPT Tribal \$500.00 Scholarships, must submit a completed application by the before the next monthly Consolidated Higher Education Committee meeting which is the 1<sup>st</sup> Thursday of every month.

**Applications Submitted:** **Higher Education Application**  
**Enrichment Application**  
**Adult Vocational Training**  
**\$500.00 PLPT Tribal Scholarship**

**Academic Year:** **Fall** **June 30<sup>th</sup> by 4:30 PM. Of each year**  
**Spring** **Nov. 30<sup>th</sup> by 4:30 PM. Of each year**

**Adult Vocational Training** **October 30<sup>th</sup> by 4:30 PM Of each year**  
**June 15<sup>th</sup> by 4:30 PM Of each year**

\_\_\_\_\_ 12. I understand there will be no extensions given if all required documentation is not submitted by the deadline date and that my incomplete application will not be considered.

\_\_\_\_\_ 13. The recipient shall pursue a degree program leading to an Associates of Arts, Baccalaureate, Master's, Doctorate's or Post-Doctorate's Degree.

\_\_\_\_\_ 14. The recipients shall submit a registration form or any other supporting documentation that he or she is enrolled into any type of formal training or class studies.  
degree outline from his/her student counselor of classes associated with degree program. The degree outline shall be submitted with the scholarship application at the beginning of the school year.

\_\_\_\_\_ 15. The recipient, 60 days after graduation will notify the PLPT Consolidated Higher Education Office, of his/hers graduation date, degree conferred, major and a copy of their diploma.

\_\_\_\_\_ 16. I, the recipient, accept and shall abide by all the conditions stipulated in the terms above and will be bound by the responsibilities and consequences thereof.

\_\_\_\_\_ 17. I give permission to the PLPT Consolidated Higher Education Office under the Family Educational Rights and Privacy ACT (FERPA); to review grades, class registration, publish grades in the tribal newspaper or newsletter as long as it is truthful, and to monitor my academic progress if necessary either by telephone, letter or email.

\_\_\_\_\_ 18. I understand I have the right to appeal any decision made regarding my application, in accordance to the PLPT Consolidated Higher Education Policies and Procedures.

\_\_\_\_\_ 19. I give  I do not give  permission to the Consolidated Higher Education Program to release to print any information that promotes education through the means of the Tribal Newspaper or Education Newsletter, (grades, transcripts, awards, certification, graduations and dates.)

**STUDENTS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**HIGHER EDUCATION DIRECTOR/COORDINATORS SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Each applicant is urged to obtain an email address. For those who do not have one, free email addresses are available through [www.yahoo.com](http://www.yahoo.com) or [www.msn.com](http://www.msn.com) (Hotmail) plus other various sites.

**My email address is:** \_\_\_\_\_