

Quartz Valley Indian Reservation

Non-Gaming Distribution Education Application

Please Mark Appropriate Box of Request:		
Elementary School Student <input type="checkbox"/>	Junior High School Student <input type="checkbox"/>	High School Student <input type="checkbox"/>
College Student <input type="checkbox"/>	Vocational Student <input type="checkbox"/>	Other <input type="checkbox"/>

Name: _____ Alias: _____		Tribal Enrollment #: _____
Address: _____		Telephone #: _____
SSN: _xxx_ - _xx_ - _____	DOB: _____	
Date: _____	Email Address: _____	
Name & Address of School last attended: _____		

I understand all payment issued by NGD Education will be made directly to the Institution/Agency offering services. _____ (initial)

I understand it is my responsibility to provide all supporting documentation needed to ensure my application is complete. _____ (initial)

To enhance the Education Committee's understanding, I understand I must submit a letter giving support and reason for my request; signed using the last 4-Digits of my Social Security Number. _____ (initial)

I agree I will not quit/withdraw during a quarter/semester from any education program the tribe has issued payment for and if I do I understand I will be responsible to repay the funding awarded. _____ (initial)

I understand all equipment requested shall be purchased and approved through the QVIR tribe. _____ (initial)

I understand reimbursements are not guaranteed. _____ (initial)

I understand it is my responsibility to turn in my application in a timely manner, so request can be reviewed. _____ (initial)

I understand the Education Board will have 3 weeks to review my request. _____ (initial)

ASSISTANCE WITH VOCATIONAL TRAINING

Have you ever applied for NGD Education before? Yes No

If yes, when and what for?

APPLICATION REQUEST: _____/_____/_____

Fall # of credits taking _____ Winter # of credits taking _____ Spring # of credits taking _____

Summer # of credits taking _____ Academic year # of credits taking _____

Name & Address of Training Institution Selected:

Training Desired: _____ Expected Completion Date: _____

I will live: On-Site Off-Site With Parents

Have you received a grant before? Yes No If yes, what years? _____

Anticipated Cost of Living: \$ _____

Breakdown of Cost of Living: _____

Anticipated Cost of Tuition: \$ _____

Anticipated Cost of Books/Supplies: \$ _____

Fees: \$ _____

Other: \$ _____

Total Asking amount: \$ _____

Have you applied for any other source of Financial Assistance? Yes No

If yes, what and when? _____

Have you applied for Vocational Training through the Quartz Valley Indian Reservation's Education Department? Yes No

If yes, when? _____

If no, why? _____

Financial Aid Department Contact information of Institution (required):

Name: _____
Telephone #: _____
Email: _____
Fax #: _____
Address: _____

Statement of Education Purpose: I declare that I will use any funds I receive under the Quartz Valley Indian Reservation solely for expenses connected with attendance at:

Name of Institution/Agency: _____

I hereby certify that the above information on this form is true and correct to the best of my knowledge. I request that any Tribal Education monies awarded to me be mailed to the cashier's office of the Institution/Agency that I will be attending to pay my tuition and book fees. I will provide copies of my grades or transcript to the Quartz Valley Indian Reservation at the end of each term/semester.

Signature of Student: _____ **Date:** _____
