Print Form

Elk Valley Rancheria, California

Application for Financial Assistance for Education

Student's Information:

Student's Name: Date: _____

Address:_____

City:_____ State: _____ Zip:

Home Phone:_____ Cell Phone: _____ Work Phone: _____

Tribal Enrollment #:_____ Social Security #: _____

Personal email Address: _____

Parents' Information (Complete if you are not a Tribal Member or if you are a minor Tribal Member)

Father's Name: _____

Father's Address:_____

City:_____ State: _____ Zip: _____

Home Phone:_____ Cell Phone: _____ Work Phone: _____

Tribal Enrollment #:_____ Social Security #: _____

Personal email Address:_____

Mother's Name:_____

Mother's Address:_____

City:_____ State: _____ Zip:_____

Home Phone:_____ Cell Phone: _____ Work Phone: _____

Tribal Enrollment #:_____ Social Security #: _____

Personal email Address:_____

Student's Past Education History:

Name of High School & Address:_____

Phone Number:_____ Diploma or GED received (Yes or No): Diploma: ☐ GED: ☐

Graduation Year:_____ Grade Point Average:_____

Current Education:

Are you attending school at this time? _____ Vocational: ☐ Higher Education: ☐

Name of School to be attended:_____

Address:_____

City:_____ State:_____ Zip: _____Phone Number: _____

Counselor or Advisor's Contact Information:

Name of Counselor or Advisor:_____

Phone:_____ Email Address: _____

Semester/Quarter Start Date:_____

Units per semester that you plan to carry:_____

Applicant's Signature: