



WALKER RIVER PAIUTE TRIBE
EDUCATION DEPARTMENT

P.O. Box 127
4022 Hwy. 95 N
Schurz, NV 89427
775-773-2306 ext. 2160

JOM APPLICATION

***Student must be Native American**

***Must reside in Schurz**

***Signed Release of Information forms on file with the WRPT Education Department**

***Submit proof of payment/receipt**

Date: _____

Student Name: _____
First Last M.I. Maiden

Mailing Address: _____
City State ZIP

Student DOB: _____ Sex: M _____ F _____ Prefer not to answer _____

Tribal Affiliation: _____ Enrollment #: _____

Contact Phone Number: _____ Email Address: _____

School Name: _____ Grade Level: _____

School Address: _____
City State ZIP

Seeking Assistance In:

- Student Body/Activity Cards
- Class Lab Fees
- Other Courses (GED Fees)
- Test Fees (ACT/SAT etc.)
- Class Supplies
- Sports Activities Supplies
- Graduation Supplies (Seniors ONLY)
- If other, please explain: _____

MUST INCLUDE RECEIPT OR DOCUMENTATION OF PAYMENT

Applicant Print Name: _____ Applicant Signature: _____

For Education Department Staff Only:

Received By: _____

Date: _____