

WALKER RIVER PAIUTE TRIBE EDUCATION DEPARTMENT

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

GRADUATION STOLE PROGRAM

The Education Department of the Walker River Paiute Tribe rewards students striving to complete continuing education goals and academic success. The Graduation Stole program is available for enrolled members who are currently graduating within their academic school year. The program offers the opportunity to receive graduation stole for one Associate's, Bachelor's, Master's, or Doctoral Degree. Students graduating from high school, vocational programs, or proprietary schools are eligible.

KEY REMINDERS:

The student is responsible for obtaining permission from the school/college/university to wear the stole during commencement. The students must participate in the Call for All Graduates survey administered through the Education Department. Upon receipt of a complete application, the stole will be sent via U.S. Mail to the address listed on the application, or stoles may be picked up at the Education Department during regular business hours.

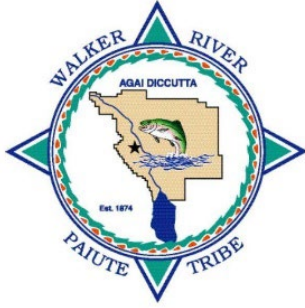
REQUIREMENTS:

1. Completed Application for the Graduation Stole Program
2. A letter from a school official including the following details:
 - College/Vocational:
 - a. Student Name
 - b. Program/Degree Type
 - c. Major/Concentration
 - d. Commencement Date
 - High School:
 - a. Student Name
 - b. High School Diploma Type
 - c. Commencement Date
3. Copy of the most recent transcript (through the last completed semester)
**Unofficial transcripts are acceptable*
4. Complete the Call for All Graduates survey administered in the Education Department

DEADLINES: **Fall** Graduates: November 15 (mailing purposes only)
 Spring Graduates: April 15 (mailing purposes only)

Please email or mail the application and required documents to:

EMAIL: educationdirector@wrpt.org
MAILING: Education Department – Walker River Paiute Tribe
 PO Box 127 Schurz, NV 89427



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APPLICATION FOR THE GRADUATION STOLE PROGRAM

Date: _____

Student Name: _____
First Last M.I. Maiden

Mailing Address: _____
City State ZIP

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

WRPT Enrollment #: _____

Student Contact Phone Number: _____

Student Email Address: _____

School Name: _____

School Address: _____
City State ZIP

College/Vocational Graduates: Program/Degree Type: _____

High School Graduates: High School Diploma Type: _____

I hereby grant consent to the Education Department of the Walker River Paiute Tribe to share my information, such as name, address, phone number, and/or email, with other programs within the Walker River Paiute Tribe for verification purposes. I understand that I am responsible for obtaining permission from the school/college/university to wear the stole during commencement. I will complete the Call for All Graduates survey administered through the Education Department.

Applicant Signature: _____ **Date:** _____

For Education Department Staff Only:

Received By: _____

Date: _____