YERINGTON PAIUTE TRIBE

Enrichment Program



Program Policies and Application

Yerington Paiute Tribe Enrichment Program

Education Program, 171 Campbell Lane, Yerington, Nevada 89447 Telephone Number: (775) 783-0275 FAX: (775) 463-7892

Purpose: The Yerington Paiute Tribe (YPT) Enrichment Program is designed to allow enrolled members of the Yerington Paiute Tribe to enhance their personal growth, life skills or increase their education or employment skills.

Applicant Eligibility Requirements:

- 1. Applicant must be an enrolled member of the Yerington Paiute Tribe.
- 2. Applicant must provide proof of course/class costs, test fees and/or licensing fee to enroll.
- 3. Applicants cannot be receiving YPT Post-Secondary Education funding.

Enrichment Program Guidelines:

- 1. Application will be dated upon receipt by the YPT Education Director. Enrichment funds will be awarded in the order the applications are received.
- 2. Enrichment course/class examples: welding, photography, sewing, computer, silver smithing, dancing, quilting, cooking, leather working, saddle making, painting, writing, reading, poetry etc. Licensing, application, testing fees, GED class/test fees may be considered.
- 3. The maximum amount of an Enrichment Award is up to \$250.00 per semester.
- 4. Applicants may apply for one award at a time.
- 5. Applicants funded must successfully complete the previous course/class in order to apply for a next award. Applicants must show proof of successful completion of class, test or licensing.
- 6. Applicants fund award will be paid directly to the school. Applicants who withdraw from or have a class canceled must return any refund to the Tribe. Applicants who fail to return a refund must prove that other payment was used to complete a next course/class before eligible for a future award.

Yerington Paiute Tribe Enrichment Program
Education Program, 171 Campbell Lane, Yerington, Nevada 89447
Telephone Number: (775) 783-0275 FAX: (775) 463-7892
Email: www.educationdirector@ypt-nsn.gov

	Application Due Dates:		Open Year Round	
Applicant Full Name	Email Address			
Physical Address	City	State	Zip	Cell/Telephone #
Mailing Address	City	State	Zip	Cell/Telephone#
Enrollment #			Student ID (if known)	
	SCH	OOL INFORMA	TION	
School Name:				
Mailing Address:				
City/State/Zip Code				
Telephone Number:		Fax Number:		
Date Classes Begin?	Class Completion Date			
the necessary programs in or	der to complete m	ny application. I	will use the	ent to the release of this information to e YPT award for the sole purpose o eep in contact with the YPT Education
Applicant Signature				Date