



1000 Wiyot Dr.
Loleta, CA 95551
Phone: 707-733-5055
Fax: 707-733-5601

WIYOT TRIBE

Mary, Bill & Goldie Fund for Higher Education & Adult Vocational Training

This fund is to help support our Tribal Citizens in their higher education and vocational/job training goals.

The amount of awarded funds is dependent on the number of accepted applications as well as need. The Wiyot Tribe, as the administrator of these funds, has the right to deny applications based on application completion and need.

When accepted, you agree to use any awarded funds for transportation, food and drink to a training site, tuition, personal appearance items such as clothing and shoes, housing and housewares, reasonable shipment of household goods, childcare, emergency needs, job placement, and professional job counseling. Tuition will be paid to the institution directly.

Misuse of the funds outside of these purposes may deny you future acceptance and may also include repayment back to the US Government.

To Apply:

- 1) Provide proof of Tribal Enrollment – copy of Tribal ID card/role number.
- 2) Proof of Enrollment in a higher education institution or vocational training program - receipt of fees or other proof that you are currently accepted or currently enrolled which does not exceed 2 years, as long as you demonstrate adequate progress. A one-year extension may be granted for registered nurse training.
- 3) Complete the Application – fill in all information.
- 4) Return the application and documentation to the Health & Human Services Department.
- 5) Contact us at (707) 733-5055 for any questions concerning this application.
- 6) Any changes in your program schedule must be immediately reported (within ten days), and a copy of your progress reports must be submitted to the office.



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APPLICANT INFORMATION

Social Security No.: _____ - _____ - _____

Date of Birth: _____

Wiyot Tribal ID#: _____

Name (Last, First, Middle Initial): _____

Mailing Address: _____

This is a new mailing address,
please update my enrollment
record. _____

Telephone No.: (_____) _____

Email: _____

Veteran: YES NO

Marital Status: Single Married
 Divorced Widowed

Number of Dependents: _____

Children in School: _____

Application for: Higher Education (go to Page 2)

Vocational Training (go to Page 3)

HIGHER EDUCATION APPLICATION

Semester: _____ School Year: _____

Major/Degree: _____ Total Units: _____

Student ID #: _____

Name of College or University: _____

Address of College/University: _____

College Financial Aid Telephone Number: _____

Comments/Other Information: _____

TO BE COMPLETED BY COLLEGE FINANCIAL AID ADVISOR

This student has applied for a grant through the Wiyot Tribe. Verified financial need information is needed through your office before a decision can be made. Thank you.

School Year: _____ Student is considered: _____ Independent _____ Dependent

\$ _____ Budget = \$ _____ Tuition & Fees + \$ _____ Books & Supplies
+ \$ _____ Room & Board + \$ _____ Transportation
+ \$ _____ Personal & Child Care + \$ _____ Other

\$ _____ Expected Parental Contribution (Calculated from the SAAC)

\$ _____ Expected Student Contribution (Combination of school year earnings, assets, and summer earnings/savings).

\$ _____ Spouse's Contribution (if applicable).

Aid/Resources

\$ _____	Pell Grant	\$ _____	Veteran's Benefits	\$ _____	Scholarships
\$ _____	Work Study	\$ _____	Vocational Rehab	\$ _____	BOCC
\$ _____	SEOG	\$ _____	TANF	\$ _____	Other
\$ _____	NDSL	\$ _____	EOP/EOPS	\$ _____	CalGrant A/B
\$ _____	Soc Sec	\$ _____	BOGFW		
\$ _____	Total Aid/Resources				

Estimated Student Need \$ _____

Signature: _____
Financial Aid Officer _____ Date _____ Telephone Number _____

College: _____
Name of College _____ Address City State Zip _____

Mail to: BIA Higher Education Grant
Wiyot Tribe
1000 Wiyot Dr.
Loleta, CA 95551

VOCATIONAL TRAINING APPLICATION

Highest Grade Completed: _____

Schools attended and Date(s): _____

Type of career/training you are interested in: _____

Have you had prior vocational training?: Yes No

If yes, please explain: _____

Vocational Training School and Address: _____

Course No. and Title: _____

Do you have income from any source?: Yes No

If yes, please explain: _____

If awarded, what will the funds be used for?: _____

FOR OFFICE USE

Applicant is an enrolled citizen of the Wiyot Tribe. _____

Application: Approved Not Approved

Health & Human Services Director Signature: _____

Date: _____