



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: \_\_\_\_\_

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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: \_\_\_\_\_