



Manchester-Point Arena Band of Pomo Indians
24 Mamie Laiwa Drive – P.O. Box 623
Point Arena, CA 95468
(707) 882-2788 – FAX (707) 882-3417

HIGHER EDUCATION GRANT APPLICATION

Name: _____ Social Security No. _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Sex: _____ Marital Status: Single Married Divorced

Are you a Veteran? Yes No How many Dependents? _____ Roll No. 527- _____

ACADEMIC YEAR OF REQUEST: _____ **TO:** _____

Spring Summer Fall Full-time Part-time How many Units: _____

SCHOOL NAME: _____ Telephone: _____

SCHOOL ADDRESS: _____

College Major/Vocational: _____ Minor: _____

Expected Degree: AA BA BS Masters Doctorate Other: _____

Year in College: Freshman Sophomore Junior Senior N/A

Housing status: On Campus Off Campus Home with Parents

Requesting assistance for: Books/Supplies Tuition

Have you received higher education assistance before? _____ If yes, what year(s)? _____

Number of Units/credits earned: _____ Expected Graduation Date: _____

STATEMENT OF EDUCATION PURPOSE: I declare that I will use any funds that I receive from the Manchester Point Arena Band of Pomo Indians Higher Education Grant Program solely for the expenses connected with attendance at my designated college. I authorize the school to release my grades, financial information, and class schedules to the Manchester Point Arena Band of Pomo Indians Higher Education Grant Program.

TRIBAL COUNCIL

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