



390 N. Barlow Lane, Bishop, CA 93514 | 760.873.8740

Personal Information

Name: _____ Date of Birth: ____/____/____
Physical Address: _____ Telephone: _____
Mailing Address: _____
Email Address: _____ Alt. Telephone: _____

Higher Education / Adult Vocational Training Information

Name of Vocational School or College you are attending: _____
Number of registered credits/hours this semester: _____
Does this institution consider this Full-Time status? Yes No
Class Standing: Freshman Sophomore Junior Senior Graduate Vocational
Semesters Completed: _____ Expected Graduation Date: _____
Expected Degree: Certificate AA or AS BA or BS MBA, MS, or MA PhD Other: _____
College Major: _____ College Minor: _____

Provide the following documents:

- 1. Proof of Tribal Enrollment
- 2. Proof of Enrollment at school/institution stating your major / intended degree
- 3. Unofficial Transcript
- 4. Spring 2020 Course Schedule



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Signature

By signing this form, I certify that the information provided is true and correct to the best of my knowledge, and consent to the release

information that is requested by the College & Career Counselor for scholarship purposes:

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Signature

Date