



HIGH ACADEMIC ACHIEVEMENT ASSISTANCE PROGRAM

High Academic Achievement Purpose: To provide financial assistance for our tribal youth to attend a school trip, sports camp, and any other school or sport related trip.

Eligibility for High Academic Achievement Assistance Program:

1. Must Be an Enrolled Tribal youth enrolled in middle or high school.
2. Assistance payment shall not exceed \$5,000.00 for the calendar year (Jan –Dec).
3. Applicant must be in good standing with the Tribe.
4. GPA of 3.5 or above
5. Must be accepted into a High Academic Achievement Program, for example:
 - a. GATE
 - b. Ambassador
 - c. Summer Honor's Classes

(All programs will be reviewed by the Program Manager for determination)

Documentation needed:

Letter of recommendation from a teacher or counselor, Current report card, any and all documentation pertaining to your request (program information, event flyer, award letter, etc.)

Also, please complete vendor form with Name, Address and amount owed to each vendor.

If the documentation is not attached, we will not be able to process your assistance.



ENTERPRISE RANCHERIA
2133 Monte Vista Ave.
Oroville, CA 95966
Phone: (530) 532-9214 Fax: (530) 532-1768

High Academic Achievement Assistance Program

Name of Student: _____ DOB: _____ Enroll# _____

Name of Parent/Guardian: _____ Phone# _____

Address: _____ City: _____ State: _____ Zip: _____

Name of School: _____ Grade in School: _____

Address of School: _____ School Phone # _____

Private School: Yes _____ No _____ Public School: Yes _____ No _____

State what the need is and the cost for this assistance (if additional space is needed attach a separate sheet):

Parent/Guardian Signature: _____ Date: _____

Please state vendor information below:

Vendor Name: _____

Vendor Address: _____

Vendor City, State & Zip: _____

Amount Due: _____

Vendor Name: _____

Vendor Address: _____

Vendor City, State & Zip: _____

Amount Due: _____

Vendor Name: _____

Vendor Address: _____

Vendor City, State & Zip: _____

Amount Due: _____

Vendor Name: _____

Vendor Address: _____

Vendor City, State & Zip: _____

Amount Due: _____

For office use only: Approved _____ Denied _____

Program Manager: _____ Date: _____

Tribal Administrator: _____ Date: _____

