

**Educational Services/Assistance Application**

**Education Division**

**Saint Regis Mohawk Tribe**

**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**SCHOOL INFORMATION**

Name of School: \_\_\_\_\_

Grade or College Level: \_\_\_\_\_

**What type of assistance are you requesting?**

- Training
- Educational Enrichment Activity
- Conference related fee
- Internship
- College visit
- Other

**If applicable, what is the Title of the event that you wish to attend?**

\_\_\_\_\_

**When is the date of the event/activity that you are requesting assistance for:** \_\_\_\_\_

**Please describe the reason you are requesting assistance from our program:**

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**Have you received funding from our Division in the past year?**  Yes  No

**If yes, please describe:**

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***Please note:*** By submitting this application, you are attesting that you are requesting assistance from the Saint Regis Mohawk Tribe’s Education Division. You understand that this assistance is not continual nor is it an avenue that should be sought out every year. This assistance is conditional and based upon the availability of funds.

**Applicant’s Rights and Responsibilities:**

I have read this application in its entirety or it has been read to me. I have willingly completed this application and truthfully answered the indicated questions. I authorize the SRMT Education Division staff to make any investigation necessary to verify the answers given, and to obtain information required to determine eligibility for assistance. By signing below, I certify the above to be true, complete, and accurate.

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**Signature of Applicant**

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**Date**

## Educational Services/Assistance Application Policies

- Submit the original completed Educational Assistance Application, *with department authorization*, to the Executive Director of Education at least *60 days prior to the start date of the event*.
- Notification will be sent to the applicant within 15 days of SRMT Education Division receipt of the application, indicating if the request was approved or denied.
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### Mail Application to:

SRMT Education Division  
412 State Route 37  
Akwesasne, NY 13655  
518-358-2272

### Office Hours:

Monday-Friday 8:00 a.m. to 5:00 p.m.