



Pascua Yaqui Education Division – Yaqui Education Services Department
Higher Education Assistance Application

FALL SPRING SUMMER / NEW CONT RETURN

Semester/Year: _____ Regular Student: PYT Employee Student (Department) _____

Date of Application:

Last Name:	First Name:	Middle Initial:	Maiden Name:
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Current Mailing Address: (All Higher Education correspondence will be sent to this address)

City:	State:	Zip:
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Permanent Mailing Address:

City:	State:	Zip:
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Email Address: (List both personal and school emails – all higher education communication will be made to these e-mail addresses)

Social Security No:	Tribal Enrollment No.												Date of Birth				

Telephone No:	(Home)	(Message)	(Cell)	(Work)
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Name/Location of High School or GED Center:	H.S. Diploma or GED Received: Month _____ Year _____	State:
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College or University You WILL ATTEND:

Enrollment Status will be (Please check all that apply)

Undergraduate Full-Time 12 credits or more
 Graduate Full-Time 9 credits hours or more
 Part-time 11 credits or less for Undergraduate/8 credit hours or less for Graduate

College Classification: Freshman Sophomore Junior Senior Graduate Certificate Program

Please state your field of study:	Major:	Minor:
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Expected Degree: AA <input type="checkbox"/> AAS <input type="checkbox"/> BA/BS <input type="checkbox"/> MA/MS <input type="checkbox"/> Ed. D/PhD <input type="checkbox"/>	Expected Graduation Date:
Other(List please) <input type="checkbox"/> _____	

Do you have an academic plan of study or personal educational plan that has been provided to you by your academic advisor from your institution? YES NO If yes, please make sure you include a current copy with your scholarship application

Fill out Back of Application →
Thank you.

