



**Nevada/California Indian Housing Association**  
**and**  
**AMERIND Risk**  
**Scholarship Application**



Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_



Telephone: \_\_\_\_\_ email: \_\_\_\_\_



Mailing Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_



Social Security Number: \_\_\_\_\_ Veteran: Yes \_\_\_\_\_ No \_\_\_\_\_



Tribal Affiliation: \_\_\_\_\_ Enrollment No.: \_\_\_\_\_



Name of High School Attended: \_\_\_\_\_

Graduated: \_\_\_\_\_ Date: \_\_\_\_\_ G.E.D. \_\_\_\_\_ Date: \_\_\_\_\_



Do you plan to attend in the \_\_\_\_\_ Fall \_\_\_\_\_ Spring Semester



Name of School or College that you are attending, or plan to attend: \_\_\_\_\_



Course of study/training: \_\_\_\_\_ Current GPA \_\_\_\_\_



Have you been accepted: \_\_\_\_\_ Yes \_\_\_\_\_ No Explain: \_\_\_\_\_



Expected completion date: \_\_\_\_\_



Prior college/training attended: \_\_\_\_\_



Have you been funded by the Nevada/California Indian Housing Association/AMERIND Risk Management Scholarship Fund before. YES \_\_\_\_\_ NO \_\_\_\_\_



If you have been funded before please indicate what year you were funded. \_\_\_\_\_



Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT – PLEASE PROVIDE THE FOLLOWING:**



1. Tribal Certification/Tribal ID
2. Proof of college/vocational enrollment
3. Personal Essay
4. Personal Photo (optional)



**Deadline to apply & must be post marked by July 15, 2026**



**SUBMIT OR EMAIL APPLICATION TO:** Scholarship Committee  
c/o Hoopa Valley Housing Authority  
PO Box 1285  
Hoopa, CA 95546



Please Note: The Scholarship Committee will accept mailed, emailed or faxed applications.

