



## EQUITY ASSURANCE PROGRAM APPLICATION

Request for 20\_\_-20\_\_ School year  
Higher Education or Adult Vocational Training



Name (Last, First, MI)	Social Security No.
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Address City _____ State _____ Zip Code: _____	Telephone Number
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Date of birth	Sex	County Residence	State Residency	Enrollment Number
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Name & Address of Health Insurance: \_\_\_\_\_

Veteran Yes _____ No _____	Veteran/other Eligible ____ Vietnam Era ____ Other ____ Eligible Person ____ Pers.	What income resources do you receive? Wages ____ Biweekly ____ Monthly ____	How many dependants do you have? _____ Do you pay for childcare? Y ____ N ____ Cost for Childcare \$ _____
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Are you Disabled as defined in Section 5 Rehabilitation Act of 1 _____ No _____ Disable _____ DNA _____	Name & Address of employer: _____ TANF ____ GA ____ SSA ____ OTHER _____	Name & Address of Childcare: _____ Total of current monthly resources? \$ _____
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Name & Address of High School: \_\_\_\_\_

Graduation/GED date: \_\_\_\_\_ Name & Address of College selected: \_\_\_\_\_  
Major(s) Selected: \_\_\_\_\_

Previously enrolled? Yes \_\_\_\_ No \_\_\_\_ SID # \_\_\_\_\_  
\_\_\_\_ Fall Term \_\_\_\_ Winter Term \_\_\_\_ Spring Term \_\_\_\_ Summer Term Full-time \_\_\_\_ Part-Time \_\_\_\_

Year in College: Freshman Sophomore Junior Senior

Expected Graduation Date:	Expected Degree
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I will live \_\_\_\_\_ On Campus \_\_\_\_\_ Off Campus \_\_\_\_\_ With Parents  
Have you ever received a BIA Grant or Tribal Funds before? Yes \_\_\_\_ No \_\_\_\_ If yes. What years? \_\_\_\_\_  
What was the outcome? \_\_\_\_\_

**Statement of Education Purpose:** I declare that I will use funds I receive under the Camas Path Equity Assurance Program solely for expenses connected with attendance at: \_\_\_\_\_  
Initial: \_\_\_\_\_

I hereby certify that the above information on this form is true and correct to the best of my knowledge. I consent to the release of this information to the Camas Path for the purpose(s) of completing my Financial Aid Request package. I agree that if I do not complete my term for this period, financial arrangements will be made to repay funds received. I will also provide a copy of my grades or a transcript to the Camas Path at the end of each academic term.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_