

CDO YOUTH SERVICES (YS) PROGRAM CRITERIA

APPLICANT MUST

- ❖ BE AN ENROLLED MEMBER OF THE COLORADO RIVER INDIAN TRIBES (PROVIDE CIB OR TRIBAL ID)
- ❖ BE UNDER THE AGE OF 21 YEARS OLD SEEKING AN ACADEMIC ENDEAVOR
- ❖ HAVE A 2.5 CUMULATIVE GRADE POINT AVERAGE (GPA) OR "OUTSTANDING" OR "SATISFACTORY" WHEN APPLIED TO ELEMENTARY SCHOOL
- ❖ SUBMIT MOST RECENT GRADE REPORT/TRANSCRIPT TO CDO WITH APPLICATION
- ❖ SUBMIT WRITTEN REQUEST ADDRESSING CDO REGARDING FINANCIAL REQUEST

ABSOLUTELY NO SCREENSHOTS

PARENT/GUARDIAN MUST

- ❖ SUBMIT WRITTEN REQUEST REGARDING STUDENT'S ACADEMIC ENDEAVOR
- ❖ SUBMIT APPLICATION IN A TIMELY MANNER, PROVIDING ALL REQUIRED ATTACHED DOCUMENTS
- ❖ COMPLETE, SIGN, AND DATE APPLICATION

GENERAL

- ❖ APPLICANTS WILL BE SELECTED FOR APPROVAL BASED ON CRITERIA AND ON A FIRST COME FIRST SERVE BASIS UNTIL FUNDING IS EXHAUSTED
- ❖ FUNDING LIMITED ONLY TO ACADEMIC AND EDUCATIONAL PROGRAMS –
 - ❖ \$800.00 ALLOTTMENT GIVEN TO STUDENTS PER ACADEMIC YEAR
 - ❖ \$1,400.00 ALLOTMENT GIVEN TO FOREIGN EXCHANGE STUDENTS PER ACADEMIC YEAR
- ❖ **INCOMPLETE** APPLICATIONS WILL NOT BE PROCESSED UNTIL ALL REQUIRED DOCUMENTS ARE RECEIVED BY THE CDO

**NOTE: AS THE PROGRAM PROGRESSES, THE CDO ALONG WITH THE CRIT EDUCATION BOARD
MAY INCORPORATE ADDITIONAL CRITERIA/CHANGES**



COLORADO RIVER INDIAN TRIBES

Career Development Office

26600 MOHAVE ROAD

PARKER, ARIZONA 85344

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CDO YOUTH SERVICES (YS) PROGRAM

APPLICATION

NAME: _____ TRIBAL ID#: _____ AGE: _____

MAILING ADDRESS & CITY, STATE, ZIP: _____

PARENT/GUARDIAN: _____

PHONE #: _____ WORK #: _____ MESSAGE #: _____

GRADE POINT AVERAGE (GPA): _____ **ATTACH** MOST RECENT GRADE REPORT []

REASON FOR REQUEST: _____

[] College Sponsored Camp [] Computer Camp [] Youth Leadership Conference [] Exchange Program

[] Educational Tour [] College Credit/Dual Enrollment [] Private School Tuition [] Other

Boarding School: [] Fall [] Spring Supply Allowance (\$150.00) [] Graduation Expenses [] Other

AMOUNT REQUESTED: _____ DATE NEEDED: _____

ATTACH STUDENT LETTER OF REQUEST [] **ATTACH** DOCUMENTATION FOR AMOUNT REQUESTED []

ATTACH PARENT/GUARDIAN LETTER OF SUPPORT [] **ATTACH** LITERATURE REGARDING REQUEST []

SPECIAL INSTRUCTIONS: _____

**Provide W-9 for check to be issued to any other person/organization and provide information above.*

CHECK ISSUED OPTIONS:

[] MAIL OUT [] PICK UP [] **LOCAL** DEPOSIT: BANK _____ ACCOUNT _____

**Student account or student must be on account to make deposit. If someone other than student/parent/guardian will be picking up, authorization will be needed.*

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

xc: file

09/07/2022ln