



COLORADO RIVER INDIAN TRIBES

Career Development Office

26600 MOHAVE ROAD
PARKER, ARIZONA 85344
(928) 669-5548 • Fax (928) 669-5570
careerdevelopment@crit-nsn.gov

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 26 YEARS OLD SEEKING AN ACADEMIC ENDEAVOR
- ❖ HAVE **2.5 UNDERGRADUATE/ 2.25 (HIGH SCHOOL)** 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 FR: PARENT AND STUDENT, ADDRESSING CDO REGARDING FINANCIAL REQUEST

ABSOLUTELY NO SCREEN SHOTS

PARENT(GUARDIAN)/STUDENT MUST

- ❖ SUBMIT WRITTEN REQUEST REGARDING STUDENT'S ACADEMIC ENDEAVOR
- ❖ SUBMIT APPLICATION IN A TIMELY MANNER, PROVIDING ALL REQUIRED ATTACHED DOCUMENTS
- ❖ **PARENT AND STUDENT MUST COMPLETE, SIGN, AND DATE APPLICATION OR WILL BE INCOMPLETE**

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
- ❖ **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



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CDO YOUTH SERVICES (YS) PROGRAM APPLICATION

NAME: _____ TRIBAL ID#: _____ AGE: _____

MAILING ADDRESS & CITY, STATE, ZIP: _____

*Email _____

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