

## Western Shoshone Educational Trust Fund CONTINUING/RETURNING STUDENT UPDATE FORM

I am \_\_\_\_\_, a continuing/returning student and

\_\_\_\_\_ **1. I have changed the following address info.**

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

\_\_\_\_\_ **2. I have transferred to another educational institution. Here are the changes.**

NAME AND ADDRESS OF COLLEGE/UNIVERSITY OR OTHER INSTITUTION SELECTED:

\_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Major/Trade: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Expected Degree:  Associate  BA  BS Other: \_\_\_\_\_

Expected Vocational Certificate: \_\_\_\_\_

Year in College:  Freshman  Sophomore  Junior  Senior Semester Hours Earned: \_\_\_\_\_ Total Credit Hours: \_\_\_\_\_

\_\_\_\_\_ **3. To verify my Good Standing status, I have sent a current transcript showing my cumulative grade point average (GPA) and have provided all past transcripts from previous educational institutes.**

\_\_\_\_\_ **4. To verify my full-time status, I have sent an enrolled class schedule for the new semester showing my current class load.**

**Documents from the educational institution must have a letterhead or http internet address and the student's name.**

Have you received a WSETF award before?  Yes  No If Yes, list years/semesters: \_\_\_\_\_

**STATEMENT OF EDUCATION PURPOSE:** I declare that I will use any funds that I receive under the Western Shoshone Educational Trust Fund (WSETF) solely for a full-time student's tuition, fees, books/supplies per semester and the expenses connected with attendance at my designated college. I authorize the school to release grades, financial information and class schedules to the Western Shoshone Education Trust Fund – Administrative Committee (WSETF-AC).

**CERTIFICATION:** I hereby certify that the above information is true and correct to the best of my knowledge and consent to the release of this information to necessary agencies to complete my financial aid package. I request that the WSETF Award awarded be submitted to the Financial Aid Office. Original grades or transcripts must be sent to the WSETF- AC at the end of each term.

**NOTIFICATION:** If I am selected to receive the financial award, I understand that the WSETF-AC may release my name as an award recipient as required in Public Law 108-270 (**Section 4.6.B.ii**) adopted July 7, 2004.

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