



Tohono O'odham Education Department  
**Education Assistance Program**

P.O. Box 837  
Sells, Arizona 85634  
Telephone: (520) 383-6571  
Fax: (520) 383-2668

MASCAMA: Mo 'ab'e-namks g si O'odham himdag g Milga:n himdag we:m  
EDUCATION: A bridge between tradition and the modern world

TO:  
Enrollment Program  
Tohono O'odham Nation  
PO Box 250  
Sells, AZ 85634

I \_\_\_\_\_ would like to request a copy of my enrollment status emailed to the Tohono O'odham Education Assistance Program office. This will serve as verification to complete my application process for education assistance.

Please email verification document to:  
[askeap@tonation-nsn.gov](mailto:askeap@tonation-nsn.gov)

The student needs to complete this section before submitting this form to the Enrollment Office.

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Tribal Enrollment Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Enrollment Contact Info:  
Phone: 520-383-8700  
FAX: 520-383-3694