

**EDUCATION ASSISTANCE PROGRAM / HIGHER EDUCATION SERVICES**



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**  
**P.O. Box 250**  
**Sells, Arizona 85634**

I \_\_\_\_\_ would like to request a copy of my enrollment emailed to the Tohono O'odham Nation Education Assistance Program/Higher Education Services. 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 need 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**  
**Email: [tonenrollment@tonation-nsn.gov](mailto:tonenrollment@tonation-nsn.gov)**