

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

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