



**Native American Opportunity Plan**

Complete this form and provide supporting documentation to verify eligibility for Native American Opportunity Plan funding.

**Student Information (Required)**

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|-----------|------------|-------------------|
| Last Name | First Name | Student ID Number |
|-----------|------------|-------------------|

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|              |               |
|--------------|---------------|
| Phone number | Date of Birth |
|--------------|---------------|

To be eligible for the Native American Opportunity Plan, UC Berkeley students must meet **all** of the following criteria:

- A current or newly admitted UC Berkeley undergraduate, graduate or professional school student;
- a California resident;
- an enrolled member in a federally recognized Native American, American Indian and/or Alaska Native tribe; **and**
- enrolled in a state-supported degree program (i.e., self-supporting and certificate programs do not qualify).

**Section I: Federally Recognized Tribe Eligibility**

- I am an enrolled member of a federally recognized Native American, American Indian, and Alaska Native tribe.  
**Complete Sections II and III.**
- I am *not* an enrolled member of a federally recognized Native American, American Indian, and Alaska Native tribe.  
**Skip Section II and complete Section III.**

**Section II: Supporting Documentation and Tribal Contact Information**

Please submit a copy of one of the following documents and provide tribal contact information:

- Certification of tribal enrollment on tribal letterhead
- Enrollment/membership card that contains the tribal seal and/or official signature of a tribal leader and enrollment number (both sides)
- Certificate of Degree of Indian Blood (CDIB) if the CDIB includes tribal enrollment information
- Tribal identification card with an enrollment number

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|------------|-------------------|
| Tribe Name | Enrollment Number |
|------------|-------------------|

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|----------------------------------|---------|--------------|-------|
| Tribal Enrollment Office Contact | Address | Phone Number | Email |
|----------------------------------|---------|--------------|-------|

**Section III: Certification and signature**

By signing this worksheet, you certify that all of the information provided is complete and correct.

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|-------------------|------|
| Student Signature | Date |
|-------------------|------|