

SHERWOOD VALLEY BAND OF POMO INDIANS

EDUCATION ASSISTANCE PROGRAM APPLICATION

STUDENT INFORMATION

LAST NAME _____

FIRST NAME _____

EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____

EDUCATION INFORMATION

NAME OF UNIVERSITY, COLLEGE OR TRADE/VOCATIONAL SCHOOL

MAJOR _____

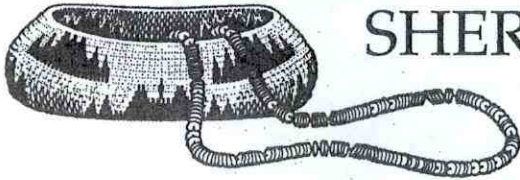
ACKNOWLEDGMENT

I acknowledge that the education fund is a tribal resource. I am responsible for meeting all requirements for the SVBPI Education Assistance Program. By signing this I agree that I have read the SVBPI Education Assistance Policy.

Signature _____ Date: _____

Please include this application with your written summary and class schedule and mail to: Sherwood Valley Band of Pomo Indians Tribal Council Attn: Education Committee 190 Sherwood Hill Drive, Willits CA 95490.

SVBPI USE: SCHOOL TYPE: _____	RATE: _____ X _____ UNITS
UNITS REQUESTED: _____	MEETS ELIGIBILITY REQUIREMENTS: Y N
TOTAL UNITS YTD: _____	PRIOR PROBATION OR DEFAULT: Y N, RESOLVED Y N
REQUEST GRANTED: Y N	AMOUNT OF GRANT: _____ INI _____



SHERWOOD VALLEY BAND OF POMO INDIANS

Education Default Payback Agreement

Name: _____

Address: _____

Phone: _____

Amount: _____

By signing, I understand that if I do not provide my grades or certificate of completion within the necessary time, and/or my grade point average falls below a 2.0, and/or I drop the classes I was originally funded for, my education award will become a loan equal to the amount of the education award. I also understand that I must pay off the entire loan amount before I am eligible for another education award.

Education fund repayments will be automatically deducted from per capita and revenue sharing distributions until the loan is paid in full.

Tribal Member Name: _____

Tribal Member Signature: _____

Date: _____