



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.

*****The Education Committee serves as the discretion of the SVPI Tribal Council*****

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 _____