



## 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 \_\_\_\_\_

Have you applied for Fafsa? \_\_\_ Yes \_\_\_ No Do you want help to apply for Fafsa? \_\_\_ Yes \_\_\_ Not

Do you need assistance with financial aid? \_\_\_ Yes \_\_\_ No

### 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 \_\_\_\_\_