

Verification of Receipt of Tribal Scholarship Policies

My signature below verifies that I, _____, have received and read the Tribal
(Please Print Name)

Scholarship Policies and Procedures which were adopted by the Tribal Council on April 11, 2006 and amended on June 29, 2022. I understand that it is my responsibility to adhere to each section of the policies and to contact the Tribal Scholarship Program staff if I need clarification of any portion therein.

The Office of the Tribal Chief may request information from the Tribal Scholarship Program solely for the purpose of identifying individuals for recruitment of employment. I further understand that the Office of the Tribal Chief may request the Tribal Scholarship Program to provide the following information only: (1) Name; (2) Degree; (3) Major; and (4) Contact information. No personally identifiable information will be used or shared unless authorized by the student.

I understand that failure to sign, date and return this form to the Tribal Scholarship Office may result in forfeiture of scholarship funding.

Student Signature

Date

Student's Social Security Number

Parent's Signature (if student is under age 18)

Date