 BIG VALLEY RANCHERIA

 BAND OF POMO INDIANS

 EDUCATION ASSISTANCE

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PLEASE CHECK THE TYPE OF ASSISTANCE THAT YOU ARE REQUESTING:***

\_\_\_\_\_\_\_\_\_\_\_\_ HONOR ROLL \_\_\_\_\_\_\_\_\_\_\_\_ 6-8TH GRADE \_\_\_\_\_\_\_\_\_\_\_\_ 9-12TH GRADE

\_\_\_\_\_\_\_\_\_\_\_\_ GRADUATION \_\_\_\_\_\_\_\_\_\_\_\_ 8TH GRADE \_\_\_\_\_\_\_\_\_\_\_\_ 12TH GRADE

\_\_\_\_\_\_\_\_\_\_\_\_ ADULT EDUCATION TUITION AND BOOKS \_\_\_\_\_\_\_\_ SPRING \_\_\_\_\_\_\_\_ FALL \_\_\_\_\_\_\_\_ SUMMER

\_\_\_\_\_\_\_\_\_\_\_\_ COLLEGE GRADUATION \_\_\_\_\_\_\_\_ 2 YEAR COLLEGE \_\_\_\_\_\_\_\_ 4 YEAR COLLEGE

\_\_\_\_\_\_\_\_\_\_\_\_ ADULT VOCATIONAL/TECH SCHOOL \_\_\_\_\_\_\_\_ GED ASSISTANCE \_\_\_\_\_\_\_\_ GRADUATION

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE MAKE CHECK PAYABLE TO:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MAIL CHECK** OR **HOLD CHECK** (***CIRCLE ONE)***

***STATEMENT OF COOPERATION***

I AGREE TO PROVIDE ANY DOCUMENTATION THAT IS REQUIRED PERTAING TO MY APPLICATION. I ALSO AUTHORIZE BIG VALLEY RANCHERIA TO OBTAIN ANY INFORMATION NECESSARY TO ESTABLISH MY ELIGIBILITY FOR THE ASSISTANCE THAT I AM REQUESTING. BY SIGNING BELOW I AM ALSO ACKNOWLEDGING THAT I AM AWARE THAT IT IS MY RESPONSIBILITY TO PROVIDE THE DOCUMENTATION THAT IS REQUIRED AS PROOF THAT I HAVE ATTENDED OR COMPLETED THE CLASSES OR COURSES THAT I HAVE RECEIVED ASSISTANCE FOR. I AM ALSO AWARE THAT BY FAILING TO DO SO WILL RESULT IN DEDUCTIONS FROM MY PER CAPITA DISTRIBISION UNTIL THE MONEY IS PAID BACK AND THAT I WILL NOT BE ELIGIBLE FOR ASSISTANCE UNTIL I AM ABLE TO COMPLY. I UNDERSTAND THAT IF DENIED I HAVE THE RIGHT TO APPEAL ANY DECISION REGARDING MY ELIGIBILITY AND THAT I MUST SUBMIT MY APPEAL IN WRITING TO THE BUSINESS COMMITTEE WITHIN 20 DAYS FROM THE DENIAL OF SERVICE.

MEMBER SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEMBER SERVICES: \_\_\_\_\_\_\_\_\_\_ APPROVED \_\_\_\_\_\_\_\_\_\_\_ DENIED INITIALS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FISCAL STAFF: \_\_\_\_\_\_\_\_\_\_\_\_ APPROVED \_\_\_\_\_\_\_\_\_\_\_\_ DENIED INITIALS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_