



# HPUL Education Department

## Tutoring and Pre-School Tuition Reimbursement Program

**Email to:** [mmarcks@hpultribe-nsn.gov](mailto:mmarcks@hpultribe-nsn.gov) / **Mail to:** P.O. Box 516, Upper Lake, CA 95485

**Fax to:** 707-275-0757

### Reimbursement Guidelines

1. To receive reimbursement, the Tribal Member being serviced must have this form completed and returned along with the following items to the Tribal office c/o the Education Department:
2. Please submit a **monthly progress** and **attendance report** from the school-REGULAR ATTENDANCE IS MANDATORY!
3. Submit as proof of payment a copy of processed check or bank/credit card transaction. *Remember this is a reimbursement for money already paid.* Must be submitted within 30 days of date shown on receipt.
4. Only one award can be given per student (aged 5-24 years of age) per month for a maximum of \$200.00 for tutoring reimbursement purposes.
5. Only one award can be given per student (aged 3-5 years of age or age 3 by 12/31) per month for a maximum of \$200.00 for preschool tuition reimbursement purposes.
6. Must be an Accredited\* Tutoring Service
7. Must be an Accredited\* Preschool Program-Proof of Registration Required.

\* (For the purpose of this program, Accredited means a person, organization or course that is recognized, certified or authorized in its particular field)

### Contact Information

Guardian Name (if under 18): \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Tribal Youth/ Member Name: \_\_\_\_\_ Tribal Youth/ Member Email: \_\_\_\_\_

Guardian Email: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

### Tutorial Service Information

Company Name: \_\_\_\_\_ Tutor Name: \_\_\_\_\_

Website: \_\_\_\_\_ Tutor Email: \_\_\_\_\_

Company Phone #: \_\_\_\_\_ Tutor Cell #: \_\_\_\_\_

Amount of Reimbursement: \_\_\_\_\_

Please attach a copy of receipt showing dates of services: \_\_\_\_\_

**Accredited Preschool Program Information**

Company Name: \_\_\_\_\_

Website / Email: \_\_\_\_\_

Company Phone #: \_\_\_\_\_

Amount of Reimbursement: \_\_\_\_\_

Please attach a copy of receipt showing dates of services:

Please attach proof of registration:

**For Tribal Use Only**

Date Received: \_\_\_\_\_ Student GPA \_\_\_\_\_

Name of School and Phone Number \_\_\_\_\_ Student Age and Grade Level \_\_\_\_\_

**DISCLOSURE**

I, \_\_\_\_\_, understand the Tribe reserves the right to be reimbursed for payments/funds due to the applicant's failure/unwillingness to attend or use the award as it was intended. This may be done by a direct payment from the applicant or by withholding any money distributions due to the applicant/member (example: Revenue Sharing Trust Fund Distributions (RSTF), Revenue Allocation Plan (RAP) or other Tribal disbursements.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_ Date: \_\_\_\_\_