



HPUL Education Department

Tutoring and Pre-School Tuition Reimbursement/Advancement Program

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

Ph: 707-275-8727 ext. 21 / **Fax to:** 707-275-0757

Reimbursement / Advancement 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: _____

Effective: 8/8/17

Revised & Approved: 12/14/18

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: _____