



Applicant Name:
Submitted By:

SEVEN GENERATIONS SCHOLARSHIP FUND
Electronic Device Application

For scholarship guidelines, criteria and payment information, please refer to the Scholarship Fund Preamble & Guidelines at: www.upperlakepomo.com/forms/scholarship-fundpreamble-guidelines.pdf

DISCLAIMER: Incomplete applications will delay the process, as well as any check due and/or order to be placed. The SFSC is committed to 3 attempts of communication for incomplete applications. Should there be no response or submission of requested documentation within 30 days following the last attempt to the last known address, email or phone number, the application will expire. It is the responsibility of the applicant to provide timely updates to their contact information should it change following submission of the original application. Applications are reviewed at the SFSC monthly meeting and then approved or denied by the Executive Council (EC) at their monthly meeting. Once approved, a check requisition is given to the HPUL Staff for the check to be issued.

The Habematolel Pomo of Upper Lake reserves the right to recover the amounts awarded from the Seven Generations Scholarship Fund due to failure to meet the requirements for the award category. This may be done by either direct payment arrangements from the applicant or by withholding future disbursements from the applicant (Revenue Sharing Trust Fund (RSTF) Revenue Allocation Plan (RAP) or any other Tribal Disbursements). Should satisfactory arrangements not be made in a timely fashion, the SFSC will recommend to EC a methodology for recouping the funds.

By signing this I agree to the conditions listed in the above named contract. I understand that as a parent/guardian that I am responsible for payments and that payments will be retrieved from my RSTF, RAP or any other Tribal Disbursements.

Applicant/Responsible Party Signature

Date

SFSC use only:

DATE: AMOUNT: APPROVED: Y OR N MOTION:

EC action:

DATE: AMOUNT: APPROVED: Y OR N MOTION:

D. APPROXIMATE TOTAL (including tax/delivery): \$ _____

If you purchased the electronic device/equipment, please attach your paid receipt and detail below what was purchased.

Check to be issued to: _____

E. 500 WORD ESSAY:

Include a typed, 500 - word maximum essay titled, "My Educational and Career Goals". Essays should include justification of course work and the need for the electronic device and/or peripherals. Please attach to this application. The Executive Council will read the essay to determine if they will grant their approval.

**** Deliveries will be made to the address noted on this application.**

**** Deliveries cannot be made to a P.O. box. Please provide a physical address.**

***** Electronic devices are defined as Desktop Computers, Laptop Computers, Ipads and Tablets.**

****** Peripherals devices are defined as printers, scanners, external hard drives as well as software and other electronics such as musical devices, audio visual devices and photographic devices. Headphones and watches are not allowable device under this program.**

******* Applicants are only allowed an electronic device once every 3 years.**

Applicant's Signature: _____ Date: _____

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