



Applicant Name: _____
Submitted By: _____

SEVEN GENERATIONS SCHOLARSHIP FUND
VOCATIONAL/TRADE EDUCATION 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. 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:

Highest Grade Completed: _____

C. REQUEST FOR ASSISTANCE WITH:

Attending Program Name: _____

Address: _____

City

State

Zip

D. REQUESTED AMOUNT: \$ _____

Reimbursement to: _____ or

Check to be issued to: _____ or

Equipment/Supplies to be purchased from: _____

List expenses and cost:

Applicant's Signature: _____ Date: _____