

Summit Lake Paiute Tribe
Higher Education Department
1708 H Street
Sparks, NV 89431-4337
(775) 827-9670 (ofc) (775) 827-9678 (fax)

EDUCATION REPAYMENT AGREEMENT

This Agreement is between the Summit Lake Paiute Tribe, Higher Education Department, and _____, who is enrolling at _____ during the _____ semester/quarter (circle correct one) of the Year _____.

In exchange for the funding received through the Summit Lake Paiute Tribe, Higher Education Department, and to successfully complete their obligation to the Summit Lake Paiute Tribe, Higher Education Department, the above-named person agrees to repay all funding provided them if:

1. If for any reason other than good cause (as determined by the Summit Lake Paiute Tribe, Higher Education Department), the above-named person drops class(es).
2. If at the end of each term fails to have a "C" average or higher.
3. If at the end of each term fails to submit to the Summit Lake Paiute Tribe, Higher Education Department, an official transcript for the term.
4. Fails to notify the Summit Lake Paiute Tribe, Higher Education Department, in writing of failing any class.

I HAVE READ AND UNDERSTAND THE TERMS AND CONDIITONS OF THIS AGREEMENT AND AGREE TO THESE TERMS BY SIGNING THIS AGREEMENT.

Higher Education Applicant Signature

Date

Applicant's Printed Name

SLPT Official

Date

cc:
File
Higher Education Applicant
Rev. 07.28.08