

Higher Education Advance Funding Request

Student Name:		
Address:		
City:		
Daytime Phone :		
(In the space below, please provide a det hardship situation to continued enrollment Council will review all Waiver of Except approve or deny the request)	nt and/or a passing tion Request at a du	grade was not achieved. The Tribal ally called Tribal Council Meeting and
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Student Signature:		Date: