



**Middletown Rancheria
of Pomo Indians of California**

Higher Education Request for Reimbursement

Date: _____ Student Name: _____

Student Daytime Phone: _____

Amount: \$ _____

Contact Name at Educational Institution: _____

Educational Institutional Phone Number: _____

Please reimburse the qualified higher educational expenses in the amount listed above directly to:

Payable to: _____

Address: _____

City: _____ State: _____ Zip: _____

I declare that I understand the Education Assistance Program as follows:

- 1) I must complete the Application.
- 2) I must submit required documents.
- 3) The Application and Documents will be verified and reviewed for Approval or Denial.
- 4) I understand the Education Assistance program policies and procedures.
- 5) I give the Tribe authorization to verify my enrollment.
- 6) I understand that the Tribe will maintain copies of billings, reimbursements, and checks.
- 7) I understand that my Application can be reviewed at any time while under the Education Assistance Program.

I declare under penalty of perjury that the answers I have given in this application and the documents given are correct and true to the best of my knowledge and belief.

Tribal Member Printed Name: _____

Signature of Tribal Member: _____

Dated: _____

Accounting Department use Only

Check Number: _____ Account Codes Amount

Date: _____ Issue by: _____

Posted by: _____ Approved by: _____