



**Middletown Rancheria
of Pomo Indians of California**

**Higher Education and Vocational
Assistance Application**

Name: _____

Address: _____

Telephone: _____ Date of Birth: _____

Email Address: _____

Application Request for School Year 20____ to 20____

___ Academic Yr ___ Spring Only ___ Fall Only ___ Summer

___ Full-Time ___ Part-Time

Name and Address of College

Selected: _____

College Major: _____ Expected Graduation Date: _____

Expected Degree: ___ AA ___ BA ___ BS ___ MA

Other: _____

Year in College ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate

Training Certification: Goal: _____ 1st Choice: _____ 2nd Choice: _____

Name and Address of School/Training Program:

(Must be accredited Institute/Program)

Training start date: _____ Expected completion date: _____

I will live: ___ On Campus ___ Off Campus ___ Other

**Middletown Rancheria
Higher Education and Vocational
Assistance Application-Continued**

Have you received Education Assistance in the Past?

If yes, For what? _____

When? _____ Amount? _____

Acknowledgement of Education Assistance Program

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

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