



AGREEMENT

I, _____ am applying for a Scholarship for the _____ semester/quarter/training/academic year. I agree to abide by the required rules and regulations set forth by the Education Program and the Shoshone Business Council.

I also understand that the scholarship award is subject to the availability of funds and the amount is subject to change by the Shoshone Business Council. If I do not continue the Semester / Quarter/Academic Year/Training for which I am funded or do not meet standards, the scholarship will be converted into a **LOAN**.

I will contact and submit an explanation in WRITING to the Education Office indicating my reason(s) for **withdrawing from school or dropping courses** within 30 days of the last day classes were attended. I understand a request of waiver for repayment may be requested and that the decision of the Shoshone Business Council is FINAL.

If a student fails to voluntarily pay back the approved and funded amount of the awarded scholarship, then the Shoshone Business Council will take action to deduct said amount from the individual's per capita and/or payroll.

I understand entirely the requirements and conditions of the Scholarship and certify that the information on the application is correct, true and submitted with my approval.

****PLEASE READ AND INITIAL THE FOLLOWING REQUIREMENTS IF YOU AGREE TO FOLLOW THEM ENTIRELY****

_____ I agree to maintain a **2.0 or better GPA** each semester that I attend college.

_____ I agree to **maintain 12 or more semester credit/18 or more quarter hours** as a full-time student each semester or complete **ALL approved credit hours as a part-time student**.

_____ I agree to contact the Education Office in WRITING if I decide to withdraw from school or drop classes. No contact can result in suspension from the program.

_____ I assume full **repayment** of the Shoshone Education scholarship award to the Education Department should a withdraw occur or I do not maintain the required GPA and credit hours.

_____ I agree to **submit final grade reports or an official transcript** from the college that I am attending at the end of each semester. Failure to do so will result in the scholarship becoming a LOAN.

_____ I agree to the Appeal Process (in the handbook).

- **Please make sure you INITIALED all the above.**

****NOTE**: If the situation was medically related, a physician's statement must be submitted.****

*****PAYMENT PLAN:** A payment plan must be made with the Education Program within 30 days after my withdraw from school or suspension from the program. Failure to do so will result in a suspension of future funding and per capita and/or payroll deductions until said amount is repaid in full.

I HAVE READ THE ABOVE STATEMENT(S) REGARDING THE ACCEPTANCE AND USAGE OF THE SHOSHONE HIGHER EDUCATION SCHOLARSHIP AND I UNDERSTAND THE POLICIES AS THEY APPLY TO ME AND THE CONSEQUENCES NOTED.

Date: _____ Signature of Student _____