

AGREEMENT

I, _____ am applying for funding for _____.
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 funding 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 Class/Certification/Training for which I am funded or do not meet standards, the funding will need to be paid back to the Eastern Shoshone Education Program.

I will contact and submit an explanation in WRITING to the Education Office indicating my reason(s) for **not completing the class/certification/training** 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, 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 funding 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 **complete the class/certification/training** that I will be attending.

_____ I agree to **complete** ALL approved credit hours as required.

_____ I agree to contact the Education Office in WRITING if I decide not to complete. No contact can result in suspension from the program.

_____ I assume full repayment of the Shoshone Education funding to the Education Program if I do not complete the class/certification/training.

_____ I agree to submit documentation of completion. Failure to do so will result in paying back the funds.

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

- Please **INITIAL** 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 non-completion of 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 EDUCATION FUNDING AND I UNDERSTAND THE POLICIES AS THEY APPLY TO ME AND THE CONSEQUENCES NOTED.

Date: _____ Signature of Student _____