

Summit Lake Paiute Tribe  
Higher Education Department  
1001 Rock Blvd.  
Sparks, NV 89431-4337  
(775) 827-9670 (ofc) (775) 827-9678 (fax)

EDUCATION REPAYMENT AGREEMENT

This Agreement is between the Summit Lake Paiute Tribe, Higher Education Department, and \_\_\_\_\_, who is enrolling at \_\_\_\_\_ during the \_\_\_\_\_ semester/quarter (circle correct one) of the Year \_\_\_\_\_.

In exchange for the funding received through the Summit Lake Paiute Tribe, Higher Education Department, and to successfully complete their obligation to the Summit Lake Paiute Tribe, Higher Education Department, the above-named person agrees to repay all funding provided them if:

1. If for any reason other than good cause (as determined by the Summit Lake Paiute Tribe, Higher Education Department), the above named person drops class(es).
2. If at the end of each term fails to have a "C" average or higher.
3. If at the end of each term fails to submit to the Summit Lake Paiute Tribe, Higher Education Department, an official transcript for the term.
4. Fails to notify the Summit Lake Paiute Tribe, Higher Education Department, in writing of failing of any class.

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS OF THIS AGREEMENT AND AGREE TO THESE TERMS BY SIGNING THIS AGREEMENT.

\_\_\_\_\_  
Higher Education Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
SLPT Official

\_\_\_\_\_  
Date

cc:

File

Higher Education Applicant

Rev. 07.28.08