

Summit Lake Paiute Tribe
Higher Education Department
2255 Green Vista Dr. Ste. 402
Sparks, NV 89431
(775) 827-9670 (office) (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 Education Official

Date