

**Squaxin Island Tribe
Memorandum of Commitment**

Quarter _____ Year _____

The Squaxin Island Tribal Education Department has authorized a check in the amount of \$ _____ to be issued directly to _____ for the above mentioned quarter/semester. I understand the amount mentioned above is dependant upon how many credits I am enrolled in, less than 12 credits is considered part-time. I _____, the undersigned, hereby agree to:

Please read and initial all boxes.

I have read and understand the Squaxin Island Higher Education Program Policies and Procedures in its entirety. It is my responsibility to immediately inform TLC of address, email or phone changes.

I will reimburse the Squaxin Island Tribe for the entire amount of the check if **I do not** complete the following quarter of courses. I understand that my funding is based on full-time/part-time status and the number of credits I am enrolled in. Withdrawing/dropping from a class will affect the amount of funding that I receive, and I will be required to reimburse the Squaxin Island Tribe the cost of tuition, books, and class fees for the class I withdraw from.

I understand that it is my responsibility to notify the school and the Squaxin Island Tribe Education Department immediately when I withdraw/drop any class.

I am aware that if I do not withdraw within the allotted timeframe the school has given, that I will be responsible for the cost of tuition, books, and class fees associated with that class and/or classes. (school calendar attached)

I understand that by signing this form I am agreeing to turn in all requested paperwork by the **specified dates** on the **Higher Education Calendar:** (attached). This includes receipts for books and tuition. Official grades, completed and signed Memorandum of Commitment, Education Information, Information Release forms, FAFSA (completed and turned into the Federal Government), and official class schedule. If for some reason I can not turn in the above requested information by the due date I will call the Squaxin Island Education Department at (360) 432-3882.

List Individual Classes You are Enrolled in this Quarter:

_____	_____
_____	_____
_____	_____

Student Signature: _____

Email Address: _____

****Required****

Dated: _____

Phone: _____

****Required****