Santa Rosa Band of Cahuilla Indians
Community College or Vocational Training
Higher Education Assistance Request Form

Please check only one box below

☐ Tribal Member Request

I _____, a Tribal Member of Santa Rosa Band of Cahuilla Indians, am requesting Education Assistance. I am requesting $_____ to pay for tuition, books, supplies, I have attached copies of my class schedule, receipts, and/or bills. I understand that the total amount allowed per calendar year is $1,200.00. I understand that I must complete the classes which I have accepted Education Assistance and forward a copy of my grades, transcripts or certificate of completion at the end of each semester. I understand that if I don't comply with these standards the tribe reserves the right to have me repay this Education Assistance from my RSTF Distributions at increments of $250.00 until repaid in full.

☐ On Behalf of Student Request

I _____, a Tribal Member of Santa Rosa Band of Cahuilla Indians, am requesting on behalf of my student, _____who has graduated High School, but not yet eligible for Tribal Membership due to birthday being later in the year, after college school enrollment has commenced, am requesting for Education Assistance. I am requesting for $ _____ to pay for tuition, books, supplies, etc. I have attached copies of student's class schedule, receipts, and/or bills. I understand that the total amount allowed per calendar year is $1,200.00. I understand that my student must complete the classes which he/she has accepted Education Assistance and forward a copy of their grades, transcripts or certificate of completion at the end of each semester. I understand that if I don't comply with these standards the tribe reserves the right to have me repay this Education Assistance from my RSTF Distribution at increments of $250.00 until repaid in full or until my student is eligible for tribal recognition and able to pay back through their own RSTF Distribution. I acknowledge that once my student is eligible for tribal recognition that it will be their responsibility to fill out their own Higher Education Assistance Request Form which at that time relieves me as the Tribal Member of any liability to the Tribe.

Tribal Member: _____ Date: _____

Student (if applicable): _____ Date: _____

Phone Number: _____