



**Bear River Band of the Rohnerville Rancheria
K-12 Education Assistance Application
Applicant and Member/Student Information Form**

Parent/Legal Guardian/Applicant Information

Name: _____

Street Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

Email Address: _____ DOB: _____

Enrollment Number (if applicable): _____

Member/ Student/Beneficiary Information

Name: _____

DOB: _____

Enrollment Number (required): _____

School or Program Information

Name of School/Program/Institution: _____

Physical Address: _____

Mailing/Billing Address: _____

Contact Person: _____ Phone: _____

Contact Email: _____

Description of Program or School:

Semester or Annual Tuition Rate: _____

All Assistance that is approved and funded for Tribal Member beneficiary students under this program will be paid directly to the school/program/institution. All Schools must have an up to date and current W-9 on file with the Bear River Accounting Department.

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

PARENT/LEGAL GUARDIAN/APPLICANT ALSO AGREES AND ACKNOWLEDGES TO PROVIDE STATUS AND PROGRESS REPORTS ON A MID YEAR AND ANNUAL BASIS TO THE EDUCATION DEPARTMENT AND TRIBAL COUNCIL REGARDING THE PERFORMANCE OF THE CHILD/BENEFICIARY.

IN ADDITION THE PARENT/LEGAL GUARDIAN/APPLICANT AGREES THAT IF THE CHILD/BENEFICIARY DOES NOT COMPLETE THE SEMESTER OR SCHOOL YEAR FOR WHICH FUNDS HAVE BEEN PROVIDED BY THE TRIBE THAT ANY AND ALL REFUNDS FOR TUITION WILL BE RETURNED TO THE TRIBE. ANY REFUNDS NOT RETURNED TO THE TRIBE ARE THE FINANCIAL RESPONSIBILITY OF THE APPLICANT/PARENT/LEGAL GUARDIAN.

_____ Date: _____

Parent/Guardian Signature

