BARONA BAND OF MISSION INDIANS
TRIBAL MEMBER SCHOLARSHIP POLICY
(Vocational)

Scholarships are available to all tribal members to attend a vocational school for sums up to $25,000 per year. The vocational school must be accredited by the U.S. Department of Education in order to receive scholarship funding. Those schools that are not accredited will be considered on a case by case basis.

Procedures for application are as follows:

1. Complete the attached application.
2. Submit the application to the Education Committee at the Barona Tribal Office.
3. Attach a copy of your letter of acceptance to the vocational school for which you are applying.
4. Attach a copy of documents from the vocational school indicating your cost for tuition and housing, if applicable.

Scholarship funds may be applied to the following once your application has been approved:

* **Tuition** will be sent directly to the school you will be attending. Any incomplete term for which you receive financial assistance must be repaid to the Tribe for any scholarship funds expended on your behalf.

* **Books, supplies and parking** will be reimbursed with appropriate receipts submitted.

* **Equipment** required for class such as calculators, computers, etc., if the equipment is determined to be necessary for the class. Necessity is determined by course description and a statement signed by class instructor.

* **Tutoring** may be approved by the Education Committee.

* **Housing** costs up to 50% of scholarship funds may be paid if you are enrolled in a full time program and the educational institution you are attending is located more than 50 miles from the Barona Reservation. Funds may be used for off-campus housing, but may not exceed the cost of on-campus housing. Funds for housing will be sent to the housing provider.

* **No reimbursements will be given under this program if expenditures do not apply to classes.**
Terms and Conditions:

- **Certificates**: There is no limit as to the number of vocational schools that will be funded, but a certificate of completion will be required for each program before another is funded. You must attend the school continuously until receiving a certificate of completion, unless there are special circumstances approved by the Education Committee, such as health limitations, special family needs, etc. You must provide your certificate of completion within ten (10) days of receipt to remain eligible for scholarship funds.

- **Incomplete program**: Should you fail to complete the program funded by a tribal scholarship, and are unable to receive a full refund, the funds expended by the tribe under this program must be repaid. Repayment may be delayed, however, due to special circumstances such as disability of the student or death or disability of a family member. Student may meet with Tribal Council to discuss a repayment plan.

*If certificate of completion is not received for a period of one year, this will be considered a termination of the agreement, and all funds expended on your behalf must be repaid to the Tribe.*

I have read, understand and agree to abide by the Barona Band of Mission Indians Tribal Member Scholarship Policy. By participating in this program, I agree that any funds I am required to repay the Tribe may be deducted from any sums owed or set aside for me by the Tribe including, but not limited to, per capita payments. If approved, scholarship funds are made available upon the terms and conditions stated in the Policy.

______________________________          __________
Signature of applicant                          Date

______________________________
Print Name of applicant
BARONA BAND OF MISSION INDIANS
SCHOLARSHIP APPLICATION

Date:________________________

Applicant’s name:________________________________________ Phone:________________________

Address:________________________________________________

________________________________________________________

E-mail:___________________________________________________

Address while attending school (if different from above):

________________________________________________________

________________________________________________________

Educational institution for which you are requesting assistance:

Name:___________________________________________________

Address:________________________________________________

________________________________________________________

Registrar phone #:________________________________________

E-mail contact:____________________________________________

Check payable to:__________________________________________

Address scholarship is to be sent to (if different from above):

Address:________________________________________________

________________________________________________________
Type of certificate you are applying for:

__________________________________________________________

Academic period you are applying for:

Start date:_________________________ Completion date:_________________________

Are you requesting housing assistance?  Yes____  No____

If yes, address where you will be residing?

________________________________________________________________________

________________________________________________________________________

The telephone number and address of my housing provider is_____________________________

Additional information (if any):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in the revoking of any scholarship granted.

Applicants signature _______________________________ Date ______________
BARONA BAND OF MISSION INDIANS
SCHOLARSHIP AGREEMENT
(TRIBAL MEMBER)

This agreement is formed by and between the Barona Band of Mission Indians, a federally recognized Indian tribe (hereinafter referred to as “the Tribe”), acting through its authorized representatives, the Barona Education Committee (hereinafter referred to as the Committee), and __________________________, a Barona Tribal Member. (Hereinafter referred to as “I” or “me”.)

The tribe hereby agrees to provide me with scholarship in the amount of $____________________ to assist with my attendance at __________________________ for the academic period date starting:________________________ and ending on:________________________.

While in school I will be residing at ____________________________________________________________

The telephone number and address of my housing provider is _______________________________________

The tribe hereby agrees to pay the full cost of tuition, books, supplies and parking. If I am enrolled in a full-time program, up to one-half of my scholarship funds may be used for Housing costs. I understand that housing funds may be used for off-campus housing, but may not exceed the cost of on-campus housing. I also understand that housing funds are not to be used while attending community colleges, taking classes on-line or through correspondences. I understand that all funds will be disbursed directly to the above named institution and housing provider(s).

If I fail to successfully complete the full time program specified in this agreement, I understand and agree that I must repay all funds received under this agreement. I agree to notify the Barona Education Committee within thirty (30) days of my withdrawal from the above named institution, and to make arrangements at that time to repay all scholarship funds expended on my behalf.

If I do not make arrangements to repay excess funds received within thirty (30) days of withdrawal from the above named institution, all sums due the tribe under this agreement may be deducted from any disbursements to which I am entitled.

I agree to provide a certificate of completion to the Education Committee within ten (10) days after I receive it to remain eligible for future scholarships.

I agree to maintain a grade point average of 2.0 or more. If my grade point average falls below 2.0 I understand that I will be placed on probation for one semester. If at the end of the probationary semester my grade point average has not risen I will be ineligible for additional educational funding from the tribe.
I have read, understand, and agree to adhere to the foregoing terms and conditions of this scholarship agreement.

_________________________________________  ___________________________
Signature of Participant                        Date

_________________________________________
Print Name of Participant

_________________________________________  and/or  ___________________________
Education Committee Chairman                    Tribal Chairperson

_________________________________________
Date                                           Date