

Upper Sioux Higher Education Assistance Agreement Form

I, _____ have read and understand
Name

the Upper Sioux Higher Education Handbook. I further understand the goal of the Upper Sioux Higher Education Program is to assist those individuals dedicated and committed to excellence and achievement.

I will honestly supply all requirements as defined in this handbook in a timely manner. If I do not supply current information and documentation, I understand that assistance will be delayed and/or not supplied.

I fully understand that minimum academic standards must be maintained in order to receive assistance.

To allow one (1) semester to make good on grades/credits or failure to attend the following semester will result in an automatic Per Capita deduct till paid in full for the funded semester.

If placed on probation, I understand that future assistance is in jeopardy and will conscientiously work towards improvement. I further understand that if I am placed on suspension all assistance will be terminated until I successfully complete the same prior number of credits on my own, without USC assistance.

Any fraud or abuse of the program assistance will be reimbursed to the Upper Sioux Community Higher Education Fund by means of a Per Capita Deduction in an amount of up to \$150 per month and garnishment of adjustments until paid in full.

Student's Signature & Date

Higher Education Director & Date