

**STOCKBRIDGE-MUNSEE COMMUNITY
BAND OF MOHICAN INDIANS**

**Higher Education
ACKNOWLEDGEMENT FORM**

I _____, have received and read a copy of the Stockbridge-Munsee Community Education and Career Services Program's Student Handbook, which outlines the terms and conditions of the Higher Education Program as well as my responsibilities. I understand that if I do not fulfill the terms and conditions of the Higher Education Program policies that I may be required to repay funding that I have received towards my education. I agree to provide transcripts at the conclusion of each term/semester, and to provide class schedules at the beginning of each term/semester. I understand that if I fail to provide the required information that my funding may be delayed, canceled or subject to repayment.

I have familiarized myself with the contents of the Higher Education Program's Student Handbook. By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in the Stockbridge-Munsee Community Education and Career Services Program's Student Handbook.

Student Signature _____

Date _____