

# Chippewa Cree Tribal Graduate Scholarship Program Agreement Form

If my application for Chippewa Cree Tribal Graduate Scholarship funding is approved and if I accept the funding, I agree to work for the Chippewa Cree Tribe or Stone Child College for one (1) year for each quarter/semester of funding I receive. This is if employment in my field of study is available:

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Student Address)

\_\_\_\_\_  
(Telephone/Cell Number)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_  
(Message Number)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)