



**Pokagon Band of Potawatomi
Higher Education Scholarship
Class Withdrawal Repayment Form**

Student: _____

Records indicate that you have withdrawn from the following classes:

Name of School _____ Semester/Term _____

Class _____ # of credits _____

Total # of Credits Withdrawn _____ Total Amount Owed _____

Repayment Plan

According to the Higher Education Scholarship 2011-2012 Policy (see attached copy of your signed form) you have agreed to pay back the funding for the drop classes in a one-year timeframe. Please indicate below your plans for repayment and return to the Pokagon Band Department of Education. This form must be returned to the department before the next scholarship payment can be processed.

___ Option A. Plan to attend school for the two terms and ask that the repayment be taken out 1/2 at a time.

___ Option B. Pay back the funding by check in the following way:

___ Full amount at one time

___ Create the following repayment schedule _____

Signature of Student _____ Date _____

Telephone: (269) 782-0887

Toll-free: 1-888-330-1234

Fax: (269) 782-0985