



**STUDENT
RELIEF FUND
ACKNOWLEDGMENT
AND AGREEMENT**

Oneida Nation
HIGHER EDUCATION OFFICE
P.O. BOX 365 • ONEIDA, WI 54155
(920) 869-4033 • 1-800-236-2214 • FAX (920) 869-4039
email: highered@oneidanation.org
www.oneida-nsn.gov/education/highereducation

Academic
School Year
20____ – 20____

As a participant in the Oneida Nation Student Relief Fund Program (hereinafter referred to as the SRF Program), I acknowledge I have read and understand the rules, terms and conditions (“Rules”) of this program and agree to abide by the Rules. I acknowledge the Rules may be amended and modified and I agree to comply with future amendments. I understand my failure to comply with the Rules shall result in my immediate and permanent termination from the SRF Program, and I may be required to repay funds used in violation of the Rules.

I understand and agree if I knowingly provide false information while applying to the Student Relief Fund Program the provision of the false information, and the false information itself, shall constitute fraud. Receipt of funds from the Student Relief Fund Program in reliance on fraudulent information shall constitute theft of Oneida Nation monies. I understand providing fraudulent information will make me ineligible for any future participation in the Student Relief Fund Program and the Oneida Higher Education Scholarship Program. The Oneida Higher Education Department will provide me with written notice of my ineligibility for these programs.

As a recipient of Student Relief Fund Program funds, I agree to be and shall be legally obligated to apply all funds solely to the educational purpose specified in my application. If I withdraw, drop out, or am expelled from any classes, or if I reduce the initial number of credits or classes taken or otherwise fail to complete the program for which the funds should be applied, any money which may remain on academic account or which is refunded or returned to the Participant, shall be returned to Oneida Higher Education Department within five (5) business days after such funds are returned to the Participant. Failure to do so shall constitute a material breach of the Student Relief Fund Program Agreement and shall be deemed theft of Oneida Nation funds. (Money returned to the Scholarship Program shall be made payable to Oneida Nation and sent to: Oneida Nation, Higher Education Department, P.O. Box 365, Oneida, Wisconsin 54155).

I agree participation in this program is strictly voluntary. The Oneida Nation assumes no responsibility or liability for any effects the Student Relief Fund Program may have on any other funding anticipated or actually received by the participant including, but not limited to, Social Security, Supplemental Security Income (SSI), Medicare, or other grants, scholarships and/or fellowships provided by private, state or federal entities.

I accept responsibility for my participation in the Student Relief Fund Program. I understand the existence of the Student Relief Fund Program does not guarantee funds will be awarded.

I agree that an image of the signed document in a portable document format (“pdf,”) or a signed facsimile (fax) copy of this agreement shall have the same force and effect as a signed original and shall bind me to this agreement.

I, _____, by signing below, state that I have read and
(PRINT NAME)
fully understand the contents of this document. Participant Social Security # _____

Participant Signature

Date