Pascua Yaqui Tribe Education Department
Higher Education Assistance Program

STUDENT EXPECTATION CONTRACT

	Date:
Student Name:	Student ID #:

The Pascua Yaqui Tribe Higher Education Assistance Program's purpose is to serve eligible Yaqui people and provide them the opportunity to achieve their educational goals. This opportunity is provided as a privilege with the intent that recipients, upon graduation, will return to their Yaqui Pueblos to apply their learning to benefit the continuing development of the Pascua Yaqui Tribe.

STUDENT RESPONSIBILITES:

- I will abide by and comply with the specific policies, procedures and eligibility requirements of the Higher Education Assistance Program. These requirements shall include, but are not limited to, submitting verification of enrollment, providing results of test scores, official transcripts and financial needs analysis, obtaining other available funding (FAFSA), and completing the application in accordance with the established deadlines. Failure to do so may jeopardize any future funding.
- I understand that I will receive a one-time stipend per semester **not to exceed** $11,000 at a University or $3,000 at a Community College per academic year.
- I understand that I must complete the **ALL** credits which I am funded for each semester.
- I shall submit an Official Transcript at the conclusion of each funded semester, I understand that this must be done prior to receiving my next award.
- I shall attend the institution specified on the award letter and or application. A recipient shall not transfer from the institution specified without prior notification to the HEAP.
- I shall only utilize the financial assistance to cover direct educational expenses, limited to tuition fees, book fees, lab fees, housing, meals, and transportation necessary to support me attending a college or university.
- I understand that I must advise my EAS in writing of any changes made to my schedule or Degree Plan; any updates must be made within ten (10) business days of changes.
- I understand that I am required to make a minimum of one (1) contact per month with my EAS and one (1) Higher Education Assistance Program workshop per semester.
- I understand that I am required to officially register **ONLY** with my affiliated tribe (Pascua Yaqui Tribe) in the demographic section; Race and Ethnic Category.

I have read fully and understand and agree with this contract; failure to comply with Student Responsibilities will result in Probation and/or Suspension from the Higher Education Assistance Program.

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STUDENT SIGNATURE DATE