



ONEIDA TRIBE OF INDIANS OF WISCONSIN

P.O. BOX 365 • Oneida, WI 54155
1-800-236-2214-ext. 4033 or 869-4033
Fax : (920) 869-4039

Participant Acknowledgment and Agreement For Academic Year _____ - _____

As a participant in the Oneida Tribe of Indians of Wisconsin Scholarship Program (hereinafter referred to as the Scholarship Program), I hereby acknowledge that I have read and fully understand the rules, terms and conditions of this program and agree to abide by said rules, terms and conditions. I also acknowledge that the rules, terms and conditions may be amended and/or modified from time to time and I agree to comply with any future amendments or modifications. I understand that my failure to comply with all such rules, terms and conditions, currently existing or as amended or modified, shall result in my immediate and permanent termination from the Scholarship Program.

I understand and agree that in the event that I knowingly provide false information in the process of applying to the Scholarship Program, such false information shall constitute fraud. Receipt of funds which are distributed by the Scholarship Program in reliance on fraudulent information shall constitute theft of Tribal monies. I further understand that providing fraudulent information will make me ineligible for any future participation in the Scholarship Program. The Scholarship Program will provide me with written notice of my ineligibility for future participation in the Program.

As a scholarship recipient, I agree to be and shall be legally obligated to apply all scholarship funds solely to the educational purpose specified in my academic plan. 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 academic period or plan, any money which may remain on academic account or which is refunded or returned to the Participant, shall be returned to the Scholarship Program within five (5) business days after such funds are returned by the Participant. Failure to do so shall constitute a material breach of the Scholarship Program Agreement and shall be deemed theft of Tribal scholarship funds. (Money returned to the Scholarship Program shall be made payable to Oneida Tribe of Indians of Wisconsin and sent to: Oneida Tribe of Indians of Wisconsin, Higher Education Department, P.O. Box 365, Oneida, Wisconsin 54155).

As a participant, I agree that participation in this program is strictly voluntary. The Oneida Tribe of Indians of Wisconsin assumes no responsibility and no liability for any effects that the Scholarship Program may have on any other funding anticipated or actually received by the participant, including but not limited to, **Welfare, Social Security, Supplemental Security Income (SSI), Medicare, or other grants, scholarships and/or fellowships** provided by any private, state or federal entities currently existing or created in the future.

As a participant, I accept complete responsibility for my participation in the Scholarship Program. I fully understand that the existence of the Scholarship Program does not in any way guarantee that funds will be awarded until such funds are actually received by me.

Tax Consequences: I understand that any educational scholarship I receive from the Oneida Tribe of Indians Wisconsin may result in tax consequences. The Internal Revenue Service (IRS) states that any money I receive is income, although educational scholarship income may qualify for an exception. I understand that the responsibility for substantiating any deduction of educational scholarship income rests with the individual taxpayer. I understand the importance of consulting with a tax professional to properly determine the tax consequences of my participation in the Scholarship Program. I further understand that the Oneida Tribe of Indians of Wisconsin is not liable for any tax consequences which may result from the distribution of scholarship funds to me.

I agree that 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 fully understand the contents of this document. Dated this _____ day of _____, 20_____.

Participant Signature

Participant Social Security #