

**SKY PEOPLE EDUCATION PROGRAM
P.O. BOX 8480
ETHETE, WYOMING 82520**

ADULT VOCATIONAL TRAINING

PERCAPITA DEDUCTION AGREEMENT

I hereby apply to attend the school indicated on the application and agree to work toward the educational objective stated and to carry and complete ____ semester part-time hours and/or 12 credit hours or the equivalent each term. If I withdraw from school before the school term is over, without the approval of the Sky People Education Committee, I agree to repay to the Sky People Education Program on the entire amount of the scholarship award. Said amount becomes immediately due and payable to the Sky People Education Program on the date I withdraw from school. I authorize the Sky People Education Committee to deduct part or all of my per capita, if any, in amounts the Sky People Education Committee deems reasonable until the scholarship award has been repaid in full.

Signature of Applicant _____ Date _____

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