

**NORTHERN ARAPAHO TRIBE  
SKY PEOPLE HIGHER EDUCATION  
ADULT VOCATIONAL TRAINING**

**TUITION PAYMENT AGREEMENT**

I, \_\_\_\_\_, agree to utilize my Pell Grant funds towards the cost of tuition at the school. I, further agree that failure to pay/use the Pell Grant funds to compensate my tuition to the school will justify discontinuance of my training program through the Sky People Program's Adult Vocational Training financial scholarship.

I, \_\_\_\_\_, agree to be solely financially responsible for my tuition cost as required.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date