

FOND DU LAC SCHOLARSHIP PROGRAM  
STUDENT AGREEMENT



I \_\_\_\_\_, am an enrolled member of the Fond du Lac Band of Lake Superior Chippewa who has applied for scholarship assistance through the Fond du Lac Scholarship Program (FdLSP) to attend \_\_\_\_\_ for Academic Year \_\_\_\_\_. I have read the FdLSP Policies, Guidelines and Instructions and understand what my responsibilities are as a scholarship recipient. I agree to abide by all policies governing the FdLSP.

Failure to comply will change my eligibility status and I may be placed on Academic Probation, Suspension (minimum of one calendar year) or Termination (minimum of five years) resulting in my scholarship awards being immediately cancelled. Further, I have read and signed the "Repayment Agreement" as established by the FdLSP and the FdL Reservation Committee (RBC).

I agree to take full responsibility for the successful completion of my academic program.

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

\_\_\_\_\_  
Date