



St Croix Tribal Education Third Party Authorization

This letter of authorization provides documentation that St Croix Tribal Education and/or the St. Croix Chippewa Indians of Wisconsin sponsors a commitment to pay designated education expenses for the named student upon receipt of the student's tuition bill as outlined below.

Student

Full Name* _____
First Name Last Name M.I

Student's

College ID* _____ **College Name*** _____

College**Mailing**

Address* _____
Street City State Zip

The St. Croix Chippewa Indians of Wisconsin requests that a full tuition bill for the named student be provided to the St. Croix Tribal Education Department for the following semesters:

When a tuition bill for the above semesters is received, a Scholarship of _____ will be paid to _____ at the address listed above via a check from the St. Croix Chippewa Indians of Wisconsin/St. Croix Tribal Government.

St. Croix Tribal Education Department Signature Authorization

Name* _____ **Signature*** _____

Phone* _____ **Email*** _____

Address: Attn. St. Croix Tribal Education, 24663 Angeline Avenue Webster WI 54829

St. Croix Student Signature Authorization

Name* _____ **Signature*** _____

Phone* _____ **Email*** _____

College/Institution Representative Signature Authorization

Name* _____ **Signature*** _____

Phone* _____ **Email*** _____