

Date:	ANNIVERS
Name:	
Address:	
Phone:	
Email address:	
To Whom it May Concern:	
My name is	
I am from the village of	
My parent/grandparent/caregivers are	
I am attending school at located in the state of	
I am writing this letter to fulfill my Tribal Village obligation for the PoL Direct Education is at the request of the Pueblo of Laguna Tribal Leadership.	on Scholarship. This
The Partners for Success program will retain a copy of my letter in my Direct Education Partners for Success Program Director will also deliver a copy of this letter to my Villa once the DES Scholarship review process is complete.	•
Thank you,	
Signature	
Print Name	
Village Mayordomo's name	
Village Mayordomo's signatureVillageVillage	
PFS Director's Name	
PFS Signature	