

THIS FORM IS FOR MALES 18+ ONLY

Date: _____

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 Scholarship. This is at the request of the Pueblo of Laguna Tribal Leadership.

The Partners for Success program will retain a copy of my letter in my Direct Education Scholarship file. Partners for Success Program Director will also deliver a copy of this letter to my Village Mayordomo, once the DES Scholarship review process is complete.

Thank you,

Signature _____ Date _____

Print Name _____

Village Mayordomo's name _____ Village _____

Village Mayordomo's signature _____ Date _____

PFS Director's Name _____

PFS Signature _____