

Manchester-Point Arena Band of Pomo Indians

24 Mamie Laiwa Drive – P.O. Box 623 Point Arena, CA 95468 (707) 882-2788 – FAX (707) 882-3417

SPORT FEES SCHOLARSHIP APPLICATION

Name:	Roll No. 527	
Address:	Telephone:	
City:	State:	Zip:
Age: Birthdate:		
TYPE OF SPORT REQUESTING:		
FACILITY NAME:	Telephone:	
SPORT ADDRESS:		
Requesting assistance for: Fees		
Have you received a Sport Scholarship	before? If yes, v	what year(s)?
Amount Requested: Durat	tion of Sport	
STATEMENT OF SPORT PURPOS	E: I declare that I will us	se any funds that I receive from the
Manchester Point Arena Band of Pomo Inc	dians Sport Scholarship s	olely for the expenses connected with
the participation of the sport referenced ab	pove.	
Student Signature:		Date:
	TRIBAL COUNCIL	

Chairwoman-Tisha Jones Vice-Chair Rebecca Acosta, Secretary-Latrice Gonzalez Treasurer-Ricardo Cruz