

BISHOP TRIBAL EMPLOYMENT RIGHTS COMMISSION

50 TU SU LANE ■ BISHOP, CA 93514 ■ PHONE 760-873-7893 ■ FAX 760-873-3982

Training Scholarship Application Request for Fee Waiver

Name:	Date:	
Mailing Address:	City/State/Zip:	
Phone: Cell Pho	ne: e	email:
Are you currently enrolled in the TER	O Job Skills Bank?	
Are you a member of the Bishop Paid	ute Tribe?	
Are you currently employed? If yes, please list where:		
Are you receiving aid, such as Cash /	Aid or TANF?	
Name of Training:	Dates so	cheduled:
Fee Amount:	Has TERO sponsored you f	or any other Training?
If yes, please list name (s) of trainings	S:	
All applicants requesting a fee wa	aiver must be enrolled me n up to date TERO applica	embers of the Bishop Paiute Tribe
Preference will be given in the followi 1. Unemployed and have not rec 2. Underemployed and have not 3. Unemployed and have receive 4. Underemployed and have rec 5. All other tribal members Please explain in how this training will	ceived no previous fee waive received no previous fee waive ed previous training fee waiv eived previous training fee v	aivers from TERO vers from TERO waivers from TERO
·	· 	
I UNDERSTAND THAT FAILURE TO AT WILL RESULT IN GAMING DISTRIBUT REPAY THE TRAINING FEE AMOUNT Signature	ION GARNISHMENT OR OTH	
	Received by:	Date: