

# C.R.S.T SUPPORT SERVICES COLLEGE GRANT AGREEMENT



BY ACCEPTING THIS \$300.00 FOR EDUCATIONAL ASSISTANCE. I AGREE TO PROVIDE THE SUPPORT SERVICES WITH A COPY OF UNOFFICIAL DIPOLMA TO SHOW I HAVE SUCCESSFULLY COMPLETED COLLEGE.

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\_\_\_\_\_  
SIGNITURE OF RECIPIENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
COLLEGE OR UNIVERSITY

\_\_\_\_\_  
PHONE NUMBER

ONLINE

CAMPUS

\_\_\_\_\_  
ADDRESS

**CRST SUPPORT SERVICES**

**PO BOX 590**

**EAGLE BUTTE, SD 57625**

**PH: (605)964-6565**

**OR**

**FAX: (605)964-6554**

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
CRU-  
CRST ENROLLMENT #

**Email: [lakotanative97@gmail.com](mailto:lakotanative97@gmail.com)  
[kennon.peniska@crstfinance.org](mailto:kennon.peniska@crstfinance.org)**