

KICKAPOO TRIBE OF OKLAHOMA

Education Department
Post Office Box 70
McLoud, OK 74851

Phone: 405.964.2920
Fax: 405.964.7179

The Higher Education College Scholarship Program Serves

1. Kickapoo Tribe of Oklahoma tribal members
2. Native Americans in Kickapoo service area

KTOHECS Application deadline is **JUNE 30** for Fall Semester, and **NOVEMBER 30** for the Spring Semester. Working Adult Program application is due **30 days** prior to start date.

The following is Required Documentation which must accompany the KTOHECS completed application: **Your application will not be complete until all items have been received in our office.**

<input type="checkbox"/> Kickapoo Tribe of Oklahoma Membership Verification
<input type="checkbox"/> High School Diploma, High School Transcript, or GED Certificate
<input type="checkbox"/> Official College Transcript (if previously attended)
<input type="checkbox"/> Your Personal Letter—state information about yourself, the school you will attend and your major, and your career objective after graduation (must be typed, minimum of 100 words)
<input type="checkbox"/> Class schedule, verifying enrollment in the basic requirements for the college major you are pursuing
<input type="checkbox"/> Financial Needs Analysis Form (page 4 of application, completed by Financial Aid Officer)

The major you pursue must be leading to an Associate's or Bachelor's Degree. As a freshman/sophomore in college, you are required to earn **12 credit hours** per semester, and must maintain a **2.0 grade point average** (on a 4.0 scale) per semester.

Once approved, scholarship payment will be made directly to the college/university financial services office. You are personally responsible for admissions, housing reservation, and deposits or fees required for admission purposes. Full-time KTO students will be eligible to receive a monthly stipend to assist with school/living expenses.

Students are required to submit grades to the Kickapoo Tribe of Oklahoma Education Department **immediately** after each semester or quarter. Financial Assistance will not be provided until grades are submitted.

Graduate students will not be assisted until all undergraduate applicants have been awarded for each semester. Assistance based on availability of funding.

Deliver, Mail Application to:

Kickapoo Tribe of Oklahoma
Education Department
Post Office Box 70
McLoud, OK 74851

KICKAPOO TRIBE OF OKLAHOMA



Higher Education Scholarship Application



PLEASE PRINT CLEARLY

Last Name:		First:		MI:	Maiden:
Mailing Address:		City		State	Zip
Home Phone:		Cell Phone/Other:		D.O.B	
Email Address:				Tribal Enrollment Number:	
Veteran/Military Service (Include active, inactive or reserves):		YES NO	Gender: MALE FEMALE		
Name of High School:				Grade Level Completed:	
High School: Public _____ BIA _____ Tribal _____ Private _____ Mission _____ Other: _____					
Date of H.S. Graduation or Date Received GED Diploma:					
Scholarship Requested For: Academic Year _____ Fall Only _____ Spring Only _____ Working Adult Program _____ Other: _____					
Name of University/College Attending:					
Mailing Address:		City		State	Zip
College Major:			Estimated Completion Date:		
Degree Pursuing (circle all that apply): Associate: A.A. / A.S. / A.A.S. Bachelors: B.A. / B.S. Masters: M.A. / M.S. Doctorate: Ed.D. / M.D. / Ph.D. / J.D.					
Classification: Freshmen: _____ Sophomore: _____ Junior: _____ Senior: _____ Other: _____					
I Will Live: On Campus: _____ Off Campus: _____ With Parents: _____					
College Advisor's Name:				Telephone:	
Have you received a BIA/Tribal Scholarship before? Yes _____ No _____					
If yes, what years? _____ Number of Credit Hours Earned: _____					

I hereby certify that the above information on this form is true and correct to the best of my knowledge. I give consent for the release of this information to the necessary agencies in accordance with the application process for the KTO Higher Education Scholarship Program. I will notify the Kickapoo Tribe of Oklahoma Education Department of any changes in my class schedule. I will provide a copy of my grades to the Kickapoo Tribe of Oklahoma Education Department immediately after each semester. I understand if I fail to report changes of class schedule and/or provide grades, I may be suspended from the KTO Higher Education Scholarship.

Applicant Signature

Date

Date Received by Ed. Dept.

Received by

KICKAPOO TRIBE OF OKLAHOMA – FINANCIAL NEEDS ANALYSIS FORM

PART I – To be Completed by the Student

APPLICANT NAME: _____ SSN: _____

MAILING ADDRESS: _____ D.O.B.: _____
P.O. BOX/Street City State Zip

CLASSIFICATION: _____ MAJOR: _____

MARITAL STATUS: _____ NO. OF DEPENDENTS: _____

ATTENTION – FINANCIAL AID OFFICER:

I have submitted a Higher Education Scholarship Application to the Kickapoo Tribe of Oklahoma Education Department for consideration of financial assistance. The KTO Education Department will need additional information as listed in Part II before any action can be taken on my application. When all the necessary information is on file in your office, please complete and forward this form or similar form to: **EDUCATION DEPARTMENT, KICKAPOO TRIBE OF OKLAHOMA, P.O. BOX 70, McLOUD, OK 74851**

Applicant Signature _____
Date

PART II – To be Completed by the Financial Aid Officer

FINANCIAL AID OFFICER:

Verified financial need information is needed through your office before consideration of applicant’s Higher Education Scholarship Application. Please complete and forward Financial Needs Analysis Form to KTO Education Department. Your assistance is much appreciated. Thank You.

Student is: Independent _____ **Budget Period:** Fall Semester/Term Begins: _____ Ends: _____
 Dependent _____ Spring Semester/Term Begins: _____ Ends: _____
 Semester/Term Begins: _____ Ends: _____

College Budget

Tuition	\$
Fees	\$
Books/Supplies	\$
Room & Board	\$
Depend. Allowance	\$
Transportation	\$
Personal Expenses	\$
Other	\$
	\$
TOTAL	\$

Student Resources

Family Contribution	\$
Student Contribution	\$
VA Benefits	\$
Soc. Sec. Benefits	\$
TANF	\$
Voc. Rehab	\$
Fellowships	\$
Indian Health Grant	\$
State Scholarships	\$
Other	\$

Awards

PELL	\$
SEOG	\$
Work-Study	\$
NDSL	\$
GSL	\$
Tuition Waiver	\$
State Tuition Grant	\$
Other	\$
TOTAL	\$

SIGNATURE: _____ Phone _____ Date _____
Financial Aid Officer

Address where Scholarship Funds need to be sent to: _____

