KICKAPOO TRIBE OF OKLAHOMA

Education Department Post Office Box 70 McLoud, OK 74851 Phone: 405.964.4227 Email: education@okkt.net

TRIBAL EDUCATIONAL SUPPORT GUIDELINES

Tribal Educational Support is an assistance program provided by the Kickapoo Tribe of Oklahoma for tribal members. The program provides \$250 assistance for eligible tribal members per fiscal year (October – September) and is based on the availability of tribal funding.

Tribal Educational Support may be eligible for the following:

Academic Certification/Licensing/Testing Fees (including, but not limited to GRE, LSAT, CNA, CPA, MCAT and MAT). Each test can only be paid once per fiscal year. Tests that are not listed are subject to approval. Late fees will not be paid.

Drivers Education (high school students only)

Laptop, Chromebook, or Tablet (college and adult vocational students only)

High School Equivalency Test (GED and HiSET Test Fees) Late fees will not be paid.

Academic, Civic, Leadership, Music & Sports Camps/Conferences/Activities (6th – 12th grade)

Required course/class supplies/materials (pre-k through 12th grade, college, and vocational students).

High School Student Senior Graduation Fees/Costs (one time only)

College Graduation Fees/Costs (undergraduate, one time only)

College Housing/Dorm Fees/Deposits (college and vocational students only)

Credit Recovery (high school students)

Concurrent Course Fees (high school students)

Band Rentals (6th – 12th grade students)

PSAT & SAT, ACT (8th – 12th grade students) Late fees will not be paid.

Uniforms and required footwear (6th – 12th grade students participating in school activities)

Reimbursement requests must be submitted no later than <u>30 days</u> after the purchase date. The Tribal Educational Support Program operates on availability of funding.

If request is over allowable amount the student and/or parent will be responsible for paying the balance.

KICKAPOO TRIBE OF OKLAHOMA



Tribal Educational Support Application



PLEASE PRINT CLEARLY	<u>Y</u>			
Student Name:	Parent/Guardian:	Tribal	Roll #:	
Email:	Date of Birth:	Phone	Phone #:	
Mailing Address: Zip:	City:	Sta	State:	
Make Check Payable To:				
Mailing Address:	City:	State:	Zip:	
Description of Assistance Requ	nested:			
	fficial school letterhead (for required sc			
	ncational Support program operates on nes provided. I understand that I will be amount.			
Signature		Date		
Signature of Parent/Guardian (18 years and under)		Date		

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Signature		Date	
lignature of Parent/Guardian (18 years and under)		Date	
Office Use Only			
Approved	Denied		
Comments:		Education Director Signature	