KICKAPOO TRIBE OF OKLAHOMA

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

APPLICATION FOR HIGHER EDUCATION

The Higher Education College Scholarship Program Serves

- 1. Kickapoo Tribe of Oklahoma tribal members
- 2. Native Americans enrolled in a federally recognized tribe residing in the Kickapoo service area

The Application deadline is **JUNE 30** for Fall Semester, and **NOVEMBER 30** for the Spring Semester. Working Adult or Non-Traditional Enrollment Program applications are due **30 days** prior to start date.

Please submit all required documents listed below by deadline date: Additional documentation may be requested.

Updated Tribal Enrollment Card /CDIB (copy of card, front and back)

High School Diploma, High School Transcript, GED Certificate, or GED Transcript

Official College Transcript (if previously attended, must be official in a <u>sealed</u> envelope)

Your Personal Letter—state information about yourself, the school you will attend and your major, and your career objective after graduation (must be typed, signed and dated, minimum of 100 words)

Submit required documents listed below by September 30 for Fall and January 31 for Spring

Class schedule, verifying enrollment (must include student name, description of classes, start and end dates, semester info and total number of credits)

□ Financial Needs Analysis Form (page 4 of application, completed by Financial Aid Officer)

Students are required to enroll in classes that will apply to the degree program that they have selected or declared. Students will be required to maintain a minimum semester/term GPA and enrollment status.

Once approved, scholarship payment will be made directly to the college/university financial services office. You are personally responsible for admissions, financial arrangements with remaining balance, housing, and 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 and schedule to the Kickapoo Tribe of Oklahoma Education Department **<u>immediately</u>** after each semester or quarter. Financial Assistance will not be provided until required documents are submitted.

Graduate student assistance is based on funding availability.

<u>Deliver, Mail</u> 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:	l	Maiden:		D.	O.B.	/ /	
Mailing Address:			Cit	y		Sta	ite	2	Zip	
Cell Phone:	r	Message Pho	ne:			SSN:				
Email Address:					Tribal Affi	liation:				
Do You Have a Disability	? YES NO		Military Servetive, inactive of			YES NO	Gend		MALE FEMALE	2
Have you ever been convicted of a felony?YESNO (answering this question will not prevent you from receiving educational services.) If yes, give details:										
Name of High School:				G	ade Level	Completed:				
High School: Public	_ BIA Tr	ibal	Private	_ 1	Mission	Other:				
Date of H.S. Graduation or Date Received GED Diploma:										
Scholarship Requested For: A	Academic Year	Fall Only	Spring Only		Working A	dult Program_	(Other:		
Name of University/College Attending:										
Mailing Address:			City			State	Z	ip		
College Major:			Estimated (Com	pletion Dat	e:				
Degree Pursuing (circle all th			S. / A.A.S. S.				Ph.D.	/ J.D.		
Classification: Freshman:_	Sophomor	e: Ju	inior:	Se	nior:	Other:				
I Will Live: On Campus:	Off Camp	ous: \	With Parents	:						
College Advisor's Name:				Т	elephone:					
Have you received a BIA/ If yes, what years?	•			-						

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 and other required documents 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.

Kickapoo Tribe of Oklahoma Higher Education Scholarship & Assistance Application

AUTHORIZATION FOR DISCLOSURE OF INFORMATION

I, ______, hereby authorize ______, to provide information to the Kickapoo (Name of Institution) Tribe of Oklahoma Higher Education Department and/or its representatives, any information needed to evaluate and/or maintain my Higher Education Scholarship and Financial Assistance.

I understand any information provided will remain confidential and will be used solely for the purpose of the evaluation of my Kickapoo Tribe of Oklahoma Higher Education Scholarship Application.

Applicant Signature

Date

REPORTING FINANCIAL ASSISTANCE POLICY

All financial assistance (grants, loans, scholarships, etc.) must be reported to the Kickapoo Tribe of Oklahoma Education Department each semester/quarter/term of attendance. Complying with the Financial Needs information will allow the Education Department to have a better understanding of my financial needs. Providing this information will not necessarily hinder the financial assistance provided by the Kickapoo Tribe of Oklahoma. Failure to report financial assistance from other sources will automatically terminate any financial assistance I receive from the Kickapoo Tribe of Oklahoma Higher Education Scholarship. I understand I will be required to reimburse* the Kickapoo Tribe of Oklahoma for any financial assistance provided if I do not comply with the policies set forth by the Education Department.

*Authorization to collect any overpayment was voted and approved by the Kickapoo Tribe of Oklahoma General Council on September 25, 1994.

Applicant Signature

Date

Stipend Payment Plan

Available for full-time KTO Tribal Members Only

I understand I must maintain 12 credit hours (Full-Time) to receive the monthly stipend provided by the Kickapoo Tribe of Oklahoma Higher Education Scholarship Program. It is my responsibility to report **<u>immediately</u>** any changes in my schedule while on the KTO Higher Education Scholarship. I also understand that the monthly stipend will be disbursed within the first ten business days of each month while I am attending as a full-time student.

I would prefer my monthly stipend to be (check one):

Mailing Address:

City

Zip

DEPOSIT INTO <u>BANCFIRST</u> CHECKING ACCOUNT (must be in your name) Please provide last 4 digits of checking account number:

State

APPLICANT NAME:			SSN:			
D.O.B.:	CELL PHONE:	MESSAGE PHONE:				
E-MAIL:						
MAILING ADDRESS:_	P.O. Box/Street	City	State	Zip		
CLASSIFICATION:	(freshman, sophomore, junior, senior)	MAJOR:				
MARITAL STATUS:		NO. OF DI	EPENDENTS:			

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 the Financial Needs Analysis Form to the KTO Education Department. Your assistance is appreciated, please contact us at **405-964-4227** if you have any questions.

Student is: Independe	ent	Budget Period: F	all Semester/Term	Begins	: Enc	ls:
Dependent		Spri	Begins	: Enc	Ends:	
			Semester/Term	Begins	Enc	
ollege Budget		Student Resources			<u>Awards</u>	
Tuition	\$	Family Contribution	\$	Γ	PELL	\$
Fees	\$	Student Contribution	\$	Γ	SEOG	\$
Books/Supplies	\$	VA Benefits	\$	Γ	Work-Study	\$
Room & Board	\$	Soc. Sec. Benefits	\$	Γ	NDSL	\$
Depend. Allowance	\$	TANF	\$	Γ	GSL	\$
Transportation	\$	Voc. Rehab	\$		Tuition Waiver	\$
Personal Expenses	\$	Fellowships	\$	Γ	State Tuition Grant	\$
Other	\$	Indian Health Grant	\$	Γ	Other	\$
		State Scholarships	\$	Γ		
TOTAL	\$	Other	\$	Γ	TOTAL	\$
SIGNATURE:	cial Aid Officer		Phone		Date	