

SOCIAL SERVICES DEPARTMENT

PO BOX 825~ANADARKO OK~73005~PHONE (405)247-2448~FAX(405)247-5942

College Financial Assistance Program

Delaware Nation College Financial Assistance Program's main focus is to offer college students financial support during the semester to assist with various college expenses such as; transportation costs, books expenses, lab expense, food, or what is deemed necessary for the student to reach their academic goals.

REQUIREMENTS

- Must be enrolled with the Delaware Nation
- Must be enrolled as a full time student
- Required to carry at least 12 credit hours per semester and maintain a 2.5 GPA
- A **Higher Education** application must be complete before a CFA application is considered
- Student is required to submit an application each semester.
- Max award per semester: Freshman/Sophomore \$1,000 per semester, Junior/Senior \$2,000 per semester. Check is mailed to the student.

RESPONSIBILITIES

- The student is responsible for completing and submitting a CFA application every semester.
- All prospective students are expected to apply for financial aid through the college Financial Aid Office.
- The student is responsible for submitting his/her official transcript and class schedule at the end of each semester.
- The student must notify this office if student withdraws from class.

REQUIRED DOCUMENTS

If you fail to secure the documents listed below your file will be placed on pending status.

- ✓ College Financial Assistance application must be submitted each semester
- ✓ Must complete a Higher Education Application each academic year
- ✓ Official transcript each semester
- ✓ Class schedule

SERVICE AREA

Nationwide

For more information contact Heather Cozad, Social Services Director (hcozad@delawarenation.com)



College Financial Assistance

Eligible applicants will receive assistance in the amount of \$1000 for FULL TIME freshman/sophomore and \$2000 for FULL TIME junior/seniors and post graduate students per semester

THIS FORM MUST BE SUBMITTED EVERY SEMESTER

Name _____ Enrollment# _____

Address _____ City _____ State _____ Zip _____

Birth date _____ Age _____ Social Security # _____ Phone _____

Name of College _____ Major _____
Address _____
_____ Graduation
_____ Date _____

What semester are you requesting for? Choose one FALL SPRING SUMMER

Receipts MUST be submitted at the end of each semester

My signature below will indicate that I have agreed to the following conditions for funding. The information contained in this application contains no falsification and all items are true and correct. I understand that any false statements made herein would result in a voided application. I declare that I will use all funds from the Delaware Higher Education Program solely for expenses connected to attending the College/University listed above.

STUDENT SIGNATURE

DATE

PRINTED NAME