

SOCIAL SERVICES DEPARTMENT

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

Higher Education Program

Delaware Nation Higher Education Grant Program is pleased to offer Delaware Tribal Members funding for full time college students (enrolled 12 hours). After completing this application and providing us with the required documentation, your application shall be reviewed and considered for funding. Application deadline dates are **JUNE 1ST** (ACADEMIC YEAR) & **NOVEMBER 1ST** (SPRING SEMESTER).

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
- The Higher Education Grant Program is primarily an undergraduate program

RESPONSIBILITIES

- The student is responsible for completing and submitting an annual application to this office
- All prospective students are expected to apply for financial aid through the college Financial Aid Office
- The student is responsible for fees and any other college related charges that were accrued prior to being deemed eligible by this program such as:
 - Pre enrollment fees
 - Tuition from a previous term
 - Default loans
- Students are expected to pursue an Associates of Arts Science Degree or Bachelors Degree within a maximum of 10 semesters or 150 accumulative credit hours
- The student is responsible for submitting his/her grades 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.

- ✓ Letter of intent written by applicant
- ✓ Copy of high school transcript or GED certification. Applies to new students only.
- ✓ CDIB (certificate degree of Indian blood) card
- ✓ Copy of official letter of admission from college/university. Applies to new students only
- ✓ Copy of class schedule
- ✓ Copy of student aid report (SAR). Student must apply for federal pell grant. After the federal pell grant application is submitted, the report (SAR) will indicate whether the student is eligible or ineligible
- ✓ Financial Needs Analysis Form (pg.3). The form to be completed by the Financial Aid Office
- ✓ Official college transcript. Applies to continuing & re-entering students ONLY

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

Higher Education Program
P.O. Box 825
Anadarko, OK 73005



Toll Free 1-800-203-2121
Phone (405)247-2448
Fax (405)247-5942

PLEASE PRINT

Name _____ Enrollment# _____ Male Female

Address _____ City _____ State _____ Zip _____

Birth date _____ Age _____ Social Security # _____ Phone _____

Are you: Married Single Divorced Separated Widowed

Have you attended college before? Yes No If yes, what college? _____

Email Address: _____

Classification: Freshmen Sophomore Junior Senior Graduate

Name of College _____ Major _____

Address _____

Graduation _____

Date _____

I will live: On Campus Off Campus With Parents

Have you previously received a Higher Education Grant from the Delaware Nation? Yes No

If yes, when did you receive assistance from the Delaware Nation? Semester: _____ Year: _____

Number of semesters attended _____ Cumulative earned credit hours _____

ANTICIPATED EXPENSES

Car Payment..... \$ _____
Student Loans..... \$ _____
House Payment..... \$ _____
Court order Child Support..... \$ _____

Will you be driving to and from school? Yes No If yes, how many miles? _____

My signature below will indicate that I have agreed to the following conditions for funding. The information contained in my scholarship 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 grant consent to release this information to the necessary agencies in order to complete my financial aid package. I declare that I will use all funds from the Delaware Higher Education Grant Program solely for expenses connected to attending the College/University listed above.

STUDENT SIGNATURE

DATE

PRINTED NAME



Financial Needs Analysis

APPLICANT INFORMATION

Name _____ Marital Status _____ Male Female
Address _____ City _____ State _____ Zip _____
Birth date _____ Age _____ Social Security # _____ Phone _____
Have you completed the financial aid application through the college? Yes No

FINANCIAL STATUS INFORMATION (To be completed by Financial Aid Office)

This information is for the _____ academic year.

If student is married, does this information reflect financial need as a married student? Yes ___ No ___

The Financial Aid Office has made the following awards for this student:

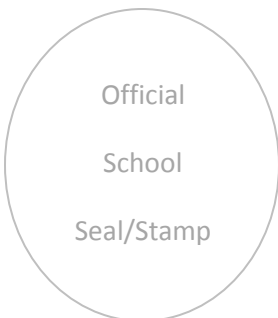
PELL _____	VA _____
SEOG _____	SOCIAL SECURITY _____
EOP _____	VOCATIONAL REHAB _____
NDSL _____	AMER. INDIAN SCHOOL _____
WS _____	MEDICAL SCHOOL _____
TUITION WAIVER _____	TANF _____
OTHER _____	PERSONAL _____
	FAMILY _____

1 SEMESTER OR 1 ACADEMIC YEAR

Total financial need \$ _____

We recommend the Delaware Nation Higher Education Grant Program to award \$ _____

Please sign this form and use school stamp below. Mail this form back to our office:



FINANCIAL AID OFFICER

DATE