

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 assist full time college students with various college expenses such as; tuition, 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
- A **Higher Education** application must be complete before this CFA application is considered
- Required to carry at least 12 credit hours per semester and maintain a 2.5 GPA
- Student is required to submit an application each semester.
- **Max award per semester: \$500** per student. 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.
- 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**. Pending status means that the student will not be eligible the following semester for these funds. In order to obtain these funds after probation, the student must be enrolled 12 or more hours and have a 3.5 gpa.

- ✓ 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 Program
P.O. Box 825
Anadarko, OK 73005



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

College Financial Assistance

PLEASE READ CAREFULLY: Eligible applicants will receive assistance in the amount of **\$500 per semester** upon availability of funds. Must be enrolled in the **Higher Education Program** before this application will be considered.

THIS FORM MUST BE SUBMITTED EVERY SEMESTER

Name: _____ Enrollment # _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Age: _____ Social Security # _____

Home Phone #: _____ Cell Phone #: _____

Name of College: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Major: _____ Graduation Date: _____

What semester are you requesting for? (Choose One) **Fall** **Spring**

Classification: **Freshman** **Sophomore** **Junior** **Senior** **Post-Grad**

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**

Education Director **Date**