

# 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 1<sup>ST</sup>** (ACADEMIC YEAR) & **NOVEMBER 1<sup>ST</sup>** (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](mailto:hcozad@delawarenation.com))

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



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

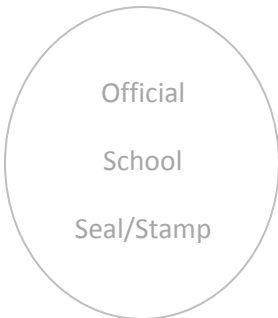
PELL _____	VA _____
SEOG _____	SOCIAL SECURITY _____
EOP _____	VOCATIONAL REHAB _____
NDSL _____	AMER. INDIAN SCHOOL _____
WS _____	MEDICAL SCHOOL _____
TUITION WAIVER _____	TANF _____
OTHER _____	PERSONAL _____
	FAMILY _____

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