

SOCIAL SERVICES DEPARTMENT

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

Lenape Wise Program

This program is for students that are enrolled in college part time, summer semester or enrolled as a post graduate student. Max award per semester is \$1,000. Check is mailed to the school.

***Please check the box that applies to the college assistance needed.**

PART TIME (Fall or Spring) - Less than 12 credit hours

Delaware student attending a college/university part time (less than 12 credit hours) for the fall/spring semesters may be awarded this grant.

SUMMER - Summer session only

Delaware student enrolled during the summer semester can qualify to receive assistance from this program.

POST GRADUATE – Master’s and Doctorate Program

Student must be enrolled in a master’s or doctorate program at a college/university. Student must carry at least 3 hours per semester.

REQUIREMENTS

- Must be enrolled with the Delaware Nation
- Required to maintain a 2.5 GPA
- The student is responsible for completing and submitting an application each academic school year (fall/spring/summer).
- Students must submit an application with supportive documents
- There is no deadline for this program. The application be complete 30 days prior to start date
- The student is responsible for submitting grades at the end of each semester
- If student withdraws from class, notification must be made to this office

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

- ✓ Letter of intent by applicant. *A brief essay stating future plans of applicant and why they need funding.*
- ✓ Official transcript from previous semester
- ✓ Copy of official letter of admission from college/university. **Applies to new students only.**
- ✓ Copy of class schedule
- ✓ Tuition cost worksheet completed by the Financial Aid Office. (PAGE 3) or printout of tuition cost from the school.

SERVICE AREA

Nationwide

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

Part time, Summer, Post Graduate
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 _____

Assistance needed for: Fall part-time Spring part-time Summer Semester Graduate School

Classification: Freshmen Sophomore Junior Senior Graduate Doctorate

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

Have you previously received assistance from the College Assistant Program? Yes No

If yes, what was the last year and semester you received the grant? _____

Number of college semesters attended _____ Number of semester hours earned _____

ANTICIPATED EXPENSES

Tuition (please attach tuition cost printout).....	\$ _____
Student Loans.....	\$ _____
Books and school supplies.....	\$ _____
Other school related fees.....	\$ _____

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



Form to completed by School Official

EDUCATION COST WORKSHEET

Student Name _____

Name of School _____
 Address _____

Start Date _____

Completion Date _____

Type of degree _____ Full Time Part Time

Phone () _____ Fax () _____

Contact Person _____ Title _____

Tuition \$ _____

Books \$ _____

Supplies \$ _____

Fees \$ _____

Other \$ _____

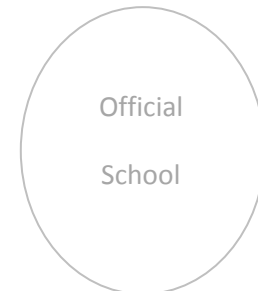
Total program cost \$ _____

Less pell grant \$ _____

Less loans \$ _____

Less funding source \$ _____

Student unmet need \$ _____



 Signature of School Official

Delaware Nation Education Program recommended to pay \$ _____