

# **SOCIAL SERVICES DEPARTMENT**

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

## **Education Stipend (TAP)**

The Tribal Assistance Program offers a small stipend to enrolled Delaware members that have graduated from High School or College.

### **REQUIREMENTS**

- Must be enrolled with the Delaware Nation.
- Must have graduated within the Fiscal Year (FY) of the program operation (October 1<sup>st</sup> – September 30<sup>th</sup>)
- Award Amounts:
  - High School \$60
  - College \$150

### **REQUIRED DOCUMENTS**

- A copy of high school or college diploma

### **DEADLINE**

September 30<sup>th</sup>

### **SERVICES AREA**

Nationwide

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

# Education Stipend Application



Please Print

## Applicant Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Roll Number: \_\_\_\_\_ Age: \_\_\_\_\_ Name of Parent/Legal Guardian: \_\_\_\_\_

## Other Information

*Please attach a copy of diploma to application*

### School Information

School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

### Type

HIGH SCHOOL \$60       COLLEGE \$150

### College Graduate

Associates       Master's  
 Bachelors       Doctorate

I hereby certify that this application is true to the best of my knowledge. It is my responsibility to submit a copy of my diploma to the Delaware Nation Education Department.

\_\_\_\_\_  
**PRINT Applicant Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

### OFFICE USE ONLY

Approved  Denied  Date \_\_\_\_\_

\_\_\_\_\_  
**Education Department Signature**

