

# 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 (an undergraduate program) is pleased to offer Delaware Tribal citizens 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> for the FALL SEMESTER & NOVEMBER 1<sup>ST</sup> for the SPRING SEMESTER. Awards range from \$1,250.00 to \$2,000.00 based on information provided by financial aid officer.**

### 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

### 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, but not limited to:
  - Pre enrollment fees
  - Tuition from a previous term
- Students are expected to pursue an Associates of Arts Science Degree or Bachelors Degree within a maximum of 10 semesters or 120 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. (new students only)
- ✓ CDIB (certificate degree of Indian blood) card
- ✓ Copy of official letter of admission from college/university. (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 -The form (pg. 3) must be completed by the Financial Aid Office or the student must email their itemized billing on their school account.
- ✓ Official college transcript. (Applies to continuing & re-entering students ONLY)

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 \_\_\_\_\_

Birthdate \_\_\_\_\_ 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

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 \_\_\_\_\_

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 \_\_\_\_\_ Martial Status \_\_\_\_\_ Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ 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:

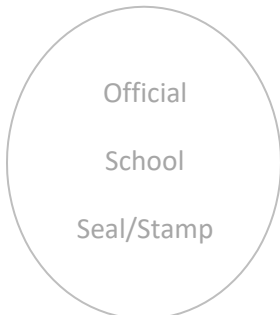
PELL	_____	VA	_____
SEOG	_____	SOCIAL SECURITY	_____
EOP	_____	VOCATIONAL REHAB	_____
NDSL	_____	AMER. INDIAN SCHOOL	_____
WS	_____	MEDICAL SCHOOL	_____
TUITION WAIVER	_____	TANF	_____
OTHER	_____	PERSONAL	_____
		FAMILY	_____

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