

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 to reach their academic goals.

REQUIREMENTS

- Must be an enrolled Delaware Nation citizen
- Must submit a **Higher Education application** before this CFA application is considered
- Must be enrolled in at least 12 credit hours per semester and maintain a 2.5 GPA
- Must submit an application for each semester funds are needed
- **Max award per semester: \$500** (Approved applicant will be mailed a check to address provided on application.)

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.
- The 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 in 12 or more hours and have a 2.5 GPA.

- ✓ Complete a Higher Education Application
- ✓ Submit a College Financial Assistance application each semester
- ✓ Submit an official transcript each semester
- ✓ Submit a class schedule each semester

SERVICE AREA

NATIONWIDE



College Financial Assistance

PLEASE READ CAREFULLY: Eligible applicants will receive assistance in the amount of **\$500 per semester** upon availability of funds. Must be an enrolled Delaware Nation citizen and 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 # _____ Phone _____

Name of College _____ Major _____
Address _____
_____ 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