

# **SOCIAL SERVICES DEPARTMENT**

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

## **High School & College Graduation Stipend**

The program offers a small stipend to enrolled Delaware Nation citizens for completing High School or College.

### **AWARD AMOUNTS**

- High School \$60
- College \$150

### **REQUIREMENTS**

- Must be an enrolled Delaware Nation citizen
- Must have graduated within the current Fiscal year (FY) of the program operation (October 1<sup>st</sup>-September 30<sup>th</sup>)

### **REQUIRED DOCUMENTS**

- Submit a completed application
- Submit a copy of high school or college diploma

### **DEADLINE**

September 30<sup>th</sup>

### **SERVICES AREA**

Nationwide

# High School & College Graduation 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**