

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 \$1,500 and is based on financial need indicated on the Education Cost Worksheet. Payment 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

- Student must be enrolled citizen of Delaware Nation.
- Student is required to maintain a 2.5 GPA.
- The student is responsible for completing and submitting an application each semester (fall/spring/summer).
- Students must submit an application with supportive documents.
- The application must be complete 30 days prior to start date.
- The student is responsible for submitting an official transcript 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. **An 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 (**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



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 \$ _____

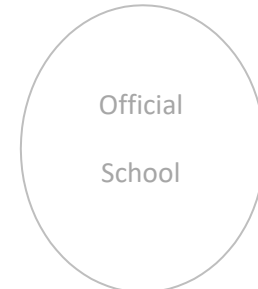
Total program cost \$ _____

Less pell grant \$ _____

Less loans \$ _____

Less funding source \$ _____

Student unmet need \$ _____



 Signature of School Official

Delaware Nation Education Program recommended to pay \$ _____