

# SOCIAL SERVICES DEPARTMENT

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## 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 for the student to reach their academic goals.

### REQUIREMENTS

- Student must be enrolled with the Delaware Nation.
- A **Higher Education** application must be completed before this CFA application is considered.
- Student is required to carry at least 12 credit hours per semester and maintain a 2.5 GPA or above. **Any student on academic probation for the prior semester will not be eligible for CFA.**
- Student is required to submit an application each semester.
- **Max award per semester:** \$1,000 per student. Check is mailed to the student.

### 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, class schedule, and receipts 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 does not guarantee funding.

- ✓ College Financial Assistance application must be submitted each semester
- ✓ Must complete a Higher Education Application and all supportive documents each academic year
- ✓ Official transcript each semester
- ✓ Class schedule

### SERVICE AREA

Nationwide

Email: [ssapplications@delawarenation-nsn.gov](mailto:ssapplications@delawarenation-nsn.gov)



## College Financial Assistance

**PLEASE READ CAREFULLY:** Eligible applicants will receive assistance in the amount of **\$1,000 per semester** upon availability of funds. Must be 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