

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. Award per semester is \$3,000. 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 Nation student attending a college/university part time (less than 12 credit hours) for the fall/spring semesters.

SUMMER - Summer session only

Delaware Nation student enrolled during the summer semester.

POST GRADUATE – Master’s and Doctorate Program

Delaware Nation student must be enrolled in a master’s or doctorate program.

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 with all supportive documents each semester (fall/spring/summer).
- The application must be complete within the first 2 weeks of the semester 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 is considered incomplete and 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

Email: ssapplications@delawarenation-nsn.gov

Part time, Summer, Post Graduate
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 _____

Birth date _____ Age _____ Social Security # _____ Phone _____

Assistance needed for: Fall part-time Spring part-time Summer Semester Graduate School

Classification: Freshmen Sophomore Junior Senior Graduate Doctorate

Name of College _____ Major _____
Address _____

Graduation
Date _____

Have you previously received assistance from the Higher Education Program? Yes No

If yes, what was the last year and semester you received the assistance? _____

Number of college semesters attended _____ Number of semester hours earned _____

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



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 \$ _____

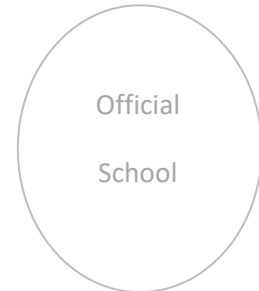
Total program cost \$ _____

Less Pell grant \$ _____

Less loans \$ _____

Less funding source \$ _____

Student unmet need \$ _____



 Signature of School Official

Delaware Nation Education Program recommended to pay \$ _____